



SAINT LOUIS UNIVERSITY
COLLEGE FOR
PUBLIC HEALTH &
SOCIAL JUSTICE



2015 Self-Study Report: August 2015

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THE COVENANT

CPHSJ COVENANT: A CALL TO ACTION

Members of the Saint Louis University College for Public Health and Social Justice community are called to action by our Jesuit tradition to be men and women for and with others. We contribute to health and well-being for all by balancing the ideals of:

ABILITY

Developing self-control and self-awareness to act with personal and professional competence

COMMUNITY

Cultivating relationships with integrity and respect,
valuing the inherent dignity and worth of every person

TENACITY

Passionately pursuing social justice with vigor and to promote positive change

INGENUITY

Recognizing the dynamic and complex nature of social injustice
and responding with innovative solutions

OPPORTUNITY

Seizing chances to learn, grow, and evolve in our ever-changing world

NECESSITY

Understanding our responsibility as members of a Jesuit university,
serving others where and when there is need

*In keeping with the Saint Louis University mission,
we do this for the greater glory of God.
We fulfill our commitment to service and action with passion and pride
as students, faculty, staff and graduates of the Saint Louis University
College for Public Health and Social Justice.*

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List of Acronyms

| | |
|------------|--|
| ABA..... | Applied Behavior Analysis |
| AD..... | Associate/Assistant Dean |
| ADAA..... | Associate Dean for Academic Affairs |
| ADFA..... | Assistant Dean for Finance and Administration |
| ADL..... | Anti-Defamation League |
| ADPHP..... | Associate Dean for Public Health Practice |
| ADR..... | Associate Dean for Research |
| AFS..... | Admissions Formula Score |
| APHA..... | American Public Health Association |
| ASPPH..... | Association of Schools and Programs of Public Health |
| BACCJ..... | Bachelor of Arts in Criminology and Criminal Justice |
| BSBST..... | Bachelor of Science in Biostatistics |
| BSDP..... | Biosecurity and Disaster Preparedness |
| BSEM..... | Bachelor of Science in Emergency Management |
| BSHE..... | Behavioral Science and Health Education |
| BSHM..... | Bachelor of Science in Health Management |
| BSPH..... | Bachelor of Science in Public Health |
| BSSW..... | Bachelor of Science in Social Work |
| BST..... | Biostatistics |
| CAHME..... | Commission on Accreditation of Healthcare Management Education |
| CCJ..... | Criminology and Criminal Justice |
| CCPRO..... | Center for Cancer Prevention and Outreach |
| CDC..... | Centers for Disease Control and Prevention |
| CEET..... | Center for Environmental Education and Training |
| CEPH..... | Council on Education for Public Health |
| CHES..... | Certified Health Education Specialist |
| CITI..... | Collaborative Institutional Review Board Training Initiative |
| COI..... | Conflict of Interest |
| CPH..... | Certification in Public Health |
| CPHSJ..... | College for Public Health and Social Justice |
| CPP..... | Criminology and Professional Practice |
| CRISP..... | Collaborative Research Innovative Speaker Presentations |
| CSCE..... | Center for Service and Community Engagement |
| CSWE..... | Council on Social Work Education |
| CTTL..... | Reinert Center for Transformative Teaching and Learning |
| DHSS..... | Missouri Department of Health & Senior Services |
| EM..... | Emergency Management |
| EMHA..... | Executive Master of Health Administration |
| EOH..... | Environmental and Occupational Health |
| EPA..... | Environmental Protection Agency |
| EPI..... | Epidemiology |
| ERF..... | Electronic Resource File |
| ESL..... | English as a Second Language |
| F&A..... | Facilities and Administration |
| FAR..... | Faculty Activity Report |
| FTE..... | Full-Time Equivalent |

| | |
|--------------|--|
| GA..... | Graduate Assistant |
| GAAC | Graduate Academic Affairs Committee |
| GLOH | Global Health |
| GMAT | Graduate Management Admissions Test |
| GRA | Graduate Research Assistantship/Assistant |
| GRE..... | Graduate Record Exam |
| HAMPCAS..... | Health Administration, Management, & Policy Common Application System |
| HC..... | Headcount |
| HCPHCC..... | Heartland Centers for Public Health and Community Capacity Development |
| HIPAA | Health Insurance Portability and Accountability Act |
| HM..... | Health Management |
| HMP | Health Management and Policy |
| HR..... | Human Resources |
| HRSA..... | Health Resources and Services Administration |
| HSCL | Health Sciences Center Library |
| ICTS..... | Institute for Clinical and Translational Research |
| IELTS | International English Language Testing System |
| ILL | Interlibrary loan |
| IPS..... | Individual Program of Study |
| IRB | Institutional Review Board |
| JD..... | Juris Doctor |
| LSAT..... | Law School Admissions Test |
| LMS..... | Learning Management System |
| MBA..... | Master of Business Administration |
| MCAT..... | Medical College Admissions Test |
| MCH | Maternal and Child Health |
| MFH..... | Missouri Foundation for Health |
| MHA | Master of Health Administration |
| MOEC | Midwest OSHA Education Center |
| MPH | Master of Public Health |
| MSABA | Master of Science in Applied Behavior Analysis |
| MSBSDP..... | Master of Science in Biosecurity and Disaster Preparedness |
| MSCPP | Master of Science in Criminology and Professional Practice |
| MSND | Master of Science in Nutrition and Dietetics |
| MSPH..... | Master of Science in Public Health |
| MSW..... | Master of Social Work |
| NIH | National Institute for Health |
| NCATS..... | National Center for Advanced Translational Sciences |
| NPHW..... | National Public Health Week |
| OIED | Office of Institutional Equity and Diversity |
| OIR..... | Office of Institutional Research |
| OIS | Office of International Services |
| OPHP | Office of Public Health Practice |
| ORDS | Office of Research Development Services |
| OSHA | Occupational Safety and Health Administration |
| OSP | Office of Sponsored Programs |
| PACE..... | Performance Assessment and Career Enhancement |
| PEC | Practice Experience Coordinator |

| | |
|--------------|--|
| PEA | Practice Experience Advisor |
| PH | Public Health Departments: BSHE, BST, EOH, EPI and HMP |
| PhD PHS..... | Doctor of Philosophy in Public Health Studies |
| PhD SW..... | Doctor of Philosophy in Social Work |
| PHDSA | Public Health Doctoral Student Association |
| PHS | Public Health Studies |
| PHTC..... | Public Health Training Center |
| PHUSA | Public Health Undergraduate Student Association |
| PI | Principal Investigator |
| PRF | Presidential Research Funding |
| RAC..... | Research Advisory Council |
| SAN..... | Storage Area Network |
| SAPH..... | Student Association for Public Health |
| SCC | Siteman Cancer Center |
| SEM | Strategic Enrollment Management |
| SFR..... | Student/Faculty Ratio |
| SL | Service Learning |
| SLU | Saint Louis University |
| SLUCOR | Saint Louis University Center for Outcomes Research |
| SOM..... | School of Medicine |
| SORT..... | Student Outbreak Response Team |
| SOPHAS | Centralized Application Service for Public Health |
| SPH | School of Public Health |
| SSW | School of Social Work |
| SW | Social Work |
| TOEFL | Test of English as a Foreign Language |
| UAAC | Undergraduate Academic Affairs Committee |
| UG | Undergraduate |
| USDOL | United States Department of Labor |
| WUSTL..... | Washington University in St. Louis |

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Introduction

Education, research, and community engagement in the field of public health have a long history at Saint Louis University (SLU). Beginning with an accredited Master of Public Health (MPH) program in 1983, there has been a steady evolution reflecting an increasing commitment by SLU and a growing understanding of the role of social determinants in defining the health of communities and populations.

First, the MPH program, the accredited Master of Health Administration (MHA) program, and the doctoral program in health services research became the building blocks for a new School of Public Health (SPH) established in 1990 and initially accredited in 1991. In July 2013, the SPH and the School of Social Work (SSW) combined to form the College for Public Health and Social Justice (CPHSJ), a move consistent with the University's Jesuit history and values. Thus we approach this self-study with a new organization and new opportunities, built on a strong foundation of well-established and successful academic units.

Transitions and challenges

The path that has led us to this point has been difficult at times. At the end of the 2007-2008 academic year, a total of 14 (out of 46) mostly senior faculty left the SPH: 10 to begin an MPH program at a competing local university more in alignment with their values and four to pursue other opportunities.

In the spring of 2009, Dr. Terry Leet, chair of the department of community health, passed away unexpectedly. In 2010, the SPH ranking by the U.S. News and World Report dropped from 21 to 36, likely because of the significant loss of faculty and rumors the SPH was closing.

In addition, the University at large faced turmoil; faculty and staff across the University were often at odds with University leadership, resulting in the appointment of a new president in July 2014. The St. Louis region has also faced difficult times recently because of violence and protests about the shooting death of Michael Brown by a police officer in Ferguson, a city in St. Louis County, Missouri. In partial response, SLU hosted a prayer session at its Chaifetz Arena, followed by a peaceful protest on campus.

Embracing the Jesuit academic tradition

The events of 2008-2009 represented the low point in the history of academic public health at SLU. They were also the starting point of a period of reflection and rejuvenation. We began to more strongly align our public health values with those of the Jesuit academic tradition, recognizing that the Jesuit philosophy is consistent with our commitment to engage in teaching, research, and service in ways that are:

- collaborative,
- applied and practice-based, and
- framed within a social justice perspective.

During this time our undergraduate (UG) degree in public health was growing at a rapid pace. Students in that degree, as well as the Bachelor of Science in Health Management (BSHM), expressed their understanding of the importance of the natural fit between public health and Jesuit philosophy. This reinforced our decision to embrace Jesuit values.

As public health academics in a Jesuit institution, this framework gave us a perspective to invigorate our work and differentiate ourselves from our competitors. Adopting these values has also caused us to be intentional about our work with and in the community, and sharpened our focus on our responsibility to impact the health and well-being of the community. The newly established College with the SSW, including the criminology and criminal justice (CCJ) and applied behavior analysis (ABA) programs, was

also intentional. As one College, we are able to conduct research, service, and teaching that is highly collaborative, practice-based and that has social justice woven throughout, increasing our impact on the social determinants of health. See ERF 0.0 Introduction > A Transformational Reorganization of the SPH and SSW for a description of the proposal to combine the Schools that was presented to and approved by University leadership and the Board of Trustees.

Accomplishments and growth

The events that occurred in both the SPH and the University, as much as they tested our reserve, are overshadowed by a number of accomplishments. Most importantly, the College is in its all-time strongest financial, administrative, and academic position. The CPHSJ operates a financial budget of \$16 million dollars (\$20 million including social work), a growth of 218% (315% including social work) from the previous self-study. The research dollars remain solid, bringing in over \$3.4 million in grant funding in FY2015.

Dean Edwin Trevathan began his tenure at the CPHSJ in September 2010 and since then the College has:

- gained 34 new public health faculty and eight new social work faculty (since AY2013-14).
- transitioned from a school to a college, increasing the total number of faculty from 51 to 78.
- gained additional space, occupying two buildings on campus .
- built four new state of the art classrooms and an auditorium.
- been awarded our first endowed chair.
- begun a new Institute for Global Health and Wellbeing.

Although the loss of faculty in 2008 diminished our research portfolio, it also helped us realize that our heavy reliance on indirect cost recovery to support many of the functions of the school was no longer a viable option for us. This has since been proven true by the shrinking funding environment for research. Knowing that historically, the SPH was not viewed by the University as a money maker because our tuition revenue did not come close to covering the expenses of the graduate programs, we needed to take action. To remedy our financial challenges, we made a conscious decision to focus on growing our academic programs. Hence, the number of students in the College has more than tripled, from 359 in 2008 to 1098 (including undergraduates and SSW programs) in the 2015-16 academic year. The new academic programs we have begun since 2008 are:

- Baccalaureate programs in public health, health management, and emergency management (biostatistics, to begin in fall 2015)
- MPH programs in maternal and child health (MCH) and global health (GLOH)
- Executive MHA (EMHA)
- Master of Science in Criminology and Professional Practice (MSCPP)
- PhD in Social Work (SW)
- Collaborative online MSW with Lourdes University to commence during AY15-16

In March 2015, the ranking of the College by the U.S. News and World Report improved from 36 to 23, and the ranking for the Master of Health Administration program rose from 9 to 7.

Much of our success is due to our leadership recognizing the importance of working collaboratively with the University. Interim Dean Schmitz (2008-2010), followed by Dean Trevathan (2010-2015), worked closely with University leadership to earn major commitments to the SPH, for example, increased faculty lines. As a result, the University now recognizes the CPHSJ as one of the most productive colleges as measured by student enrollment and community collaborations.

Additionally, the Missouri Foundation for Health (MFH) recognized the CPHSJ's commitment and potential by supporting the College's first endowed chair. This endowment was named for the founding dean of the SPH and founding CEO of MFH, James Kimmey, MD, MPH.

Finally, in light of the Ferguson events, our new University president, Dr. Fred Pestello, has made a commitment to the local underserved community to support them in improving social determinants and eliminating barriers to health and well-being. Dr. Pestello recognizes the expertise of our College to promote and enhance that work. He has involved many of our faculty in activities of the *Clock Tower Accords*, a set of thirteen initiatives developed collaboratively with members of the community to help improve social determinants of health and well-being in north St. Louis and the region.

Planning for the future

As we developed this self-study, we reflected on the time prior to 2012 when the SPH consisted of two departments (Community Health and Health Management and Policy [HMP]) through its transformation from 2013-2015 into the CPHSJ with five departments and a School of Social Work.

When Dean Trevathan began his tenure at the school, we were operating from a 2008-2010 strategic plan, along with a transitional business plan and academic initiative plan that took us up to and beyond 2010. The business plan and academic initiative plan (ERF 0.0 Introduction > SPH Strategic Business Plan and Five Year Academic Master Plan) were developed in 2008 to position the school to focus on increasing our academic offerings. Each of these plans provided ample opportunities for our successful growth in academic programs during the transitions.

We began our most recent strategic planning development process in 2011. Because our attention was temporarily diverted to developing the new College, the new strategic plan was not finalized until the summer of 2014. During that process, we revised the mission of the CPHSJ to more accurately reflect the type of College we have become, while maintaining the core values of the SPH and the SSW, as well as relating to the mission of our Jesuit University: *The pursuit of truth for the greater glory of God and for the service of humanity.*

CPHJS Mission: Based on our commitment of service to others, we improve health and well-being locally, nationally and internationally through unique interdisciplinary approaches that inspire students, generate knowledge and engage individuals and communities.

Our new strategic plan also reflects our desire to create a more balanced financial portfolio. The rapid increase in the student population, as well as a reduction in the research funding, has flipped our financial model from one that was highly research-based to one that is highly tuition-based. This model is consistent with many other Schools in the University. The strategic plan (and our financial and research plans described in Sections 1.6 and 3.1) outlines our efforts to enhance and grow our research portfolio as a way to create a balanced financial portfolio, recognizing the current challenges in the national research environment.

In December 2014, Dr. Edwin Trevathan announced his departure, effective June 30, 2015, to become the executive vice president and provost at Baylor University in Waco, Texas. Although we will miss his leadership, he is leaving the College in a very strong position after his five years, and his role transitioned to Interim Dean Don Linhorst. The provost convened a search committee for the permanent dean and hired a national firm to direct the process. A new dean, Dr. Collins O. Airhihenbuwa, was named in July and will begin January 1, 2016. We are confident that this transition in leadership will be smooth and allow us to continue towards achieving our academic, research, and service goals and open new opportunities for the College for Public Health and Social Justice.

1.0 The School of Public Health

1.1 Mission.

The school shall have a clearly formulated and publicly stated mission with supporting goals, objectives and values.

1.1.a. A clear and concise mission statement for the school as a whole.

Our Mission. Based on our commitment of service to others, we improve health and well-being locally, nationally and internationally through unique interdisciplinary approaches that inspire students, generate knowledge and engage individuals and communities.

Our Vision. Consistent with the Jesuit tradition of Saint Louis University, the College for Public Health and Social Justice continually strives for excellence in scholarship through nationally and internationally recognized performance in teaching, research and service.

Our mission is grounded in the University mission, which is “The pursuit of truth for the greater glory of God and for the service of humanity.” The Jesuit philosophy of the University guides our teaching so that we:

1. Recognize the context in which students are learning.
2. Enhance the learning experience to use complex forms of learning and help students relate their learning to their own lives.
3. Provide opportunities for students to reflect about their learning.
4. Provide opportunities for action to promote social justice.
5. Regularly evaluate students’ learning.

We aim to incorporate Jesuit pedagogy in all of the learning opportunities we provide and aspire to demonstrate social justice, a core Jesuit value, in our research and service.

1.1.b. A statement of values that guides the school.

As a Catholic, Jesuit institution, we believe that our mission calls us to undertake education, research and service in particular ways – ways that embrace our foundation in scientific inquiry and higher education as we work for greater good. The four key tenets of our College – collaboration, innovation, justice, and practice – are integrated into our research, teaching and service and therefore form the distinct character of our College in a variety of ways. (Note that innovation was added to our values when we merged with the SSW.) These values relate to Jesuit philosophy and higher education, which posits that we must work with and in the community, be in conversation with the community to guide our work, and conduct our work from the lens of social justice. The table below defines each of the values on which we base our work.

TABLE 1.1.B FOUR KEY TENETS OF CPHSJ

| The Saint Louis University College for Public Health and Social Justice is committed to: | |
|--|--|
| Collaboration | Innovation |
| We engage in <i>creative companionship</i> ⁽¹⁾ with our academic colleagues within and outside Saint Louis University, with students in their research and service activities, and the greater community locally, nationally, and globally, while building mutually beneficial relationships. | As we work to advance and expand knowledge, we will be innovative in the ways we make discoveries and apply them to address the challenges that face communities, and in the ways we educate our students to become capable and transformative professionals. |
| Justice | Practice |
| Based in our dedication to human dignity we promote equity through educating compassionate leaders, service in <i>accompaniment</i> ⁽²⁾ with communities, and research that helps us understand the impacts of injustice and actions that address them. | To improve health and quality of life we will lead the way in ensuring discoveries find application in practice, and that practice shapes and provides context for our work, while actively engaging professionals in our fields and the communities they serve. |

FOOTNOTES TO TABLE 1.1.B.1

(1) This phrase is taken from *Communal Reflection on the Jesuit Mission in Higher Education: A Way of Proceeding*. Society of Jesus in the United States, 2002. Creative companionship refers to creating a community of dialogue and service.

(2) Hollenbach, David S.J. (2013) "Accompaniment, Service, and Advocacy: Responding to Global Poverty and Displacement," *Conversations on Jesuit Higher Education*: Vol. 44, Article 6. Accompaniment suggests work with and in communities as opposed to "for" communities.

1.1.c. One or more goal statements for each major function through which the school intends to attain its mission, including at a minimum, instruction, research and service.

In developing our strategic plan, the College’s faculty and staff identified nine strategies (pedagogy, scholarship, innovation and synergy, global reach, relationships, diversity, quality, college development and communications) that support the mission and reflect the College’s commitment to advancing the set of values that characterize the University. The complete CPHSJ strategic plan can be found in ERF 1.1 Mission > CPHSJ Three-Year Strategic Plan.

As a unit of higher education, our primary purposes are to teach, conduct research, and provide service. In addition, we believe that diversity is key to our social justice mission, and thus is a priority strategy. We list the goals related to each of these four strategies below and relate them to our mission and values.

Our strategy for teaching is to provide a learning environment that embodies the traditional strengths of Jesuit education while adapting the most effective pedagogical methods and tools to improve the quality of instruction and enhance learning.

TABLE 1.1.C.1 TEACHING GOALS

| | | |
|---|---|--|
| Mission: Based on our commitment of service to others, we improve health and well-being locally, nationally and internationally through unique interdisciplinary approaches that inspire students, generate knowledge and engage individuals and communities. | | |
| STRATEGY Teaching | GOALS 1. Ensure that the College offers high quality educational programs that reflect current expectations and needs of the field. 2. Offer degree programs and courses that incorporate components of Jesuit pedagogy. | RELATIONSHIP TO MISSION/VALUES Excellence in educating our students through mission-focused and innovative courses that prepare students to practice in their related fields so that the health and well-being of the community are ultimately improved. |

Our strategy for research is to develop and apply new knowledge that enhances society’s ability to promote and sustain health and well-being, with particular emphasis on interdisciplinary efforts across the College.

TABLE 1.1.C.2 RESEARCH GOALS

| | | |
|---|---|---|
| Mission: Based on our commitment of service to others, we improve health and well-being locally, nationally and internationally through unique interdisciplinary approaches that inspire students, generate knowledge and engage individuals and communities. | | |
| STRATEGY Research | GOALS 1. Increase scholarly output from College faculty through an increase in externally funded support for scholarship and in the dissemination of research findings through publications. 2. Identify, and establish the College as a leader in, selected areas of scholarship utilizing an interdisciplinary approach. | RELATIONSHIP TO MISSION/VALUES Disseminating innovative knowledge gained through interdisciplinary research that includes the community will help strengthen our relationships with the community while enhancing our collective health and well-being. |

Our strategy for service is to develop new activities and programs locally, nationally, and globally that advance the College’s mission through mutually supportive activities focused on needs and opportunities identified by the College, communities and institutions.

TABLE 1.1.C.3 SERVICE GOALS

| | | |
|---|--|---|
| Mission: Based on our commitment of service to others, we improve health and well-being locally, nationally and internationally through unique interdisciplinary approaches that inspire students, generate knowledge and engage individuals and communities. | | |
| STRATEGY Service | GOALS 1. Develop and implement a coordinated program to foster faculty research and service activities, particularly those in community settings. 2. Develop and implement new and innovative approaches to linking the College and selected communities of need. | RELATIONSHIP TO MISSION/VALUES Creating a coordinated effort for working with and in the community can create stronger ties to the community, help us work more effectively with the community, and ultimately have a greater impact on the health and well-being of the community. |

Our College is committed to the public health mission of increasing the *diversity* of the workforce. We do this by providing individuals of all backgrounds with a culturally-relevant academic experience in a welcoming and inclusive culture.

TABLE 1.1.C.4 DIVERSITY GOALS

| | | |
|---|--|---|
| Mission: Based on our commitment of service to others, we improve health and well-being locally, nationally and internationally through unique interdisciplinary approaches that inspire students, generate knowledge and engage individuals and communities. | | |
| STRATEGY Diversity | GOAL 1. Increase the diversity in the College’s faculty and student population to be more representative of communities and populations served by its graduates. 2. Create a welcoming culture within the College which embraces and celebrates diversity and inclusion. 3. Assure that all relevant College policies contain elements necessary to attract and retain under-represented faculty, staff and students. | RELATIONSHIP TO MISSION/VALUES A diverse learning and work environment offers increased opportunities for innovation through a diversity of ideas that can ultimately positively impact the health and well-being of the community. |

1.1.d. A set of measurable objectives with quantifiable indicators related to each goal statement as provided in Criterion 1.1.c. In some cases, qualitative indicators may be used as appropriate.

We have identified at least one measurable objective for each of the goals listed in section 1.1.C. Those objectives, along with the associated goals are listed below in Table 1.1.D. Each objective indicates what we attempt to accomplish in order to reach our goals.

TABLE 1.1.D STRATEGIC GOALS AND OBJECTIVES AND THEIR RELATIONSHIPS

| Strategy | Goal |
|------------------------------------|---|
| STRATEGY Teaching | Goal 1: Ensure that the College offers high quality educational programs that reflect current expectations and needs of the field. Objective 1.1: Strengthen teaching performance in the College evidenced by decreasing the number of faculty scoring lower than 45 on the IDEA or lower than 3.5 on the IAS to zero. Objective 1.2: Assure that 100% of syllabi demonstrate the relationship between competencies and assessment methods. |
| | Goal 2: Offer degree programs and courses that incorporate components of Jesuit pedagogy. Objective 2.1: Increase the degree to which Jesuit pedagogical principles are applied in the College’s core curriculum by offering one faculty training per semester. |
| | STRATEGY Research |
| | Goal 1: Increase scholarly output from College faculty through an increase in externally funded support for scholarship and in the dissemination of research findings through publications. Objective 1.1: Increase the number of external submissions, both federal and foundation, by 10% by the end of the 2015-16 academic year. Objective 1.2: Increase the percentage of externally-funded dissertation fellowships to 15% of students. Objective 1.3: Increase the percentage of students employed on externally-funded grants to 70%. Objective 1.4: Increase the percentage of peer-reviewed publications by 20%. Objective 1.5: Increase the percentage of faculty-authored books and book chapters by 10%. Objective 1.6: Increase the number of presentations at national meetings by faculty and students to 200. |

| Strategy | Goal |
|---------------------------|---|
| | <p>Goal 2: Identify, and establish the College as a leader in, selected areas of scholarship utilizing an interdisciplinary approach.</p> <p>Objective 2.1: Increase the number of research proposal submissions with CPHSJ interdisciplinary faculty representation by 10%.</p> |
| STRATEGY Service | <p>Goal 1: Develop and implement a coordinated program to foster faculty research and service activities, particularly those in community settings.</p> <p>Objective 1.1: Develop an integrated research and service database support system to facilitate identification of issues and opportunities for College faculty research and service efforts by December 2016.</p> <p>Objective 1.2: Create a mechanism(s) for financial support for development of new research and service activities by December 2016.</p> <p>Objective 1.3: Assure that the College has an established mechanism for facilitating College-community relationships by December 2016.</p> <p>Goal 2: Develop and implement new and innovative approaches to linking the College and selected communities of need.</p> <p>Objective 2.1: Establish one or more “hubs” focused on addressing disparities in identified and prioritized domestic communities of need and addressing health and well-being issues where interdisciplinary efforts hold promise for progress toward solutions as shown in FY17 budget.</p> |
| STRATEGY Diversity | <p>Goal 1: Increase the diversity in the College’s faculty and student population to be more representative of communities and populations served by its graduates.</p> <p>Objective 1.1: Each year, we will retain at least 90% of under-represented minority students between freshman and sophomore years.</p> <p>Objective 1.2: Increase the % of under-represented students as follows:</p> <p><i>MPH students</i></p> <ul style="list-style-type: none"> • African American 10%; Hispanic 4%; International 20% <p><i>Bachelor of Science in Public Health (BSPH) students</i></p> <ul style="list-style-type: none"> • African American 6%; Hispanic 5%; International 5% <p><i>PhD in Public Health Studies (PHS) students</i></p> <ul style="list-style-type: none"> • African American to 12%; Hispanic 4%; International 25% <p><i>Other Undergraduate students</i></p> <ul style="list-style-type: none"> • African American 6%; Hispanic 5%; International 3% <p><i>Other Graduate students</i></p> <ul style="list-style-type: none"> • African American 10%; Hispanic 4%; International 5% <p>Goal 2: Create a welcoming culture within the College which embraces and celebrates diversity and inclusion.</p> <p>Objective 2.1: Increase the proportion of faculty, staff and students who report that the CPHSJ is welcoming to a diverse population by 100%.</p> <p>Goal 3: Assure that all relevant College policies contain elements necessary to attract and retain under-represented faculty, staff and students.</p> <p>Objective 3.1: Actively promote an environment in the College that promotes diversity and inclusion, and act swiftly and decisively if that commitment is breached by students, faculty or staff.</p> <p>Objective 3.2: Review, develop, revise, and implement College policies that attract and retain under-represented faculty, staff and students by the end of the 2014-15 academic year.</p> |

1.1.e. Description of how the mission, values, goals and objectives were developed, including a description of how various specific stakeholders groups were involved in their development.

The recent strategic planning process began in late 2011 while our unit was still a school. In early 2012, the provost approached the dean with a request to explore the possibility of becoming a college by merging with the SSW, which had recently welcomed the CCJ program into its school. After including the faculty and staff in meetings and discussion, a proposal was submitted to merge the two schools. It was approved by the University Board of Directors in September 2012 for a virtual commencement in January 2013 and the official merger to occur beginning July 1, 2013. While effort was diverted to explore a potential merger, this activity was instrumental in ensuring college-wide representation in strategic planning.

Our strategic plan was developed using a collaborative process including faculty, staff, students, administrators and alumni from across the new College. A systematic approach to developing the plan was guided by one of our executives in residence, Dr. James Kimmey. For each stage in the process, specific assignments with deadlines were provided to the workgroups and committees. The kick off occurred at the January 2013 College retreat, where faculty and staff identified key topics for development. Following the retreat, the topics were organized and assigned a workgroup and charge. At the same time, a subcommittee of College faculty, staff and students developed a draft mission statement, which reflected the new College and its purpose, and was subsequently approved by the entire faculty and staff.

Information provided by the workgroups developed into a set of nine strategies. Faculty and staff participated directly by sitting on workgroups and committees that developed and/or worked on each of these strategies. Students participated in the early workgroup meetings. The strategic planning groups set priorities within each of their strategies and submitted those to the strategic planning committee, which in turn proposed the actual targets to be met by each group. The plan was reviewed and vetted by the provost, students and the CPHSJ alumni board at various stages and modified, as appropriate. Each group reviewed the final report during the fall of 2014. The timeline and more detailed explanation for the 2014-2017 CPHSJ strategic planning process and the College merger plan can be found in ERF 1.1 Mission > Strategic Planning Timeline and Planning History. The final plan in its entirety can be viewed in ERF 1.1. Mission CPHSJ Three-Year Strategic Plan.

Although we believe the merger to be a positive move and we have articulated our new College mission and values on paper, creating a new entity is not without its challenges. First, we continue to occupy two buildings that are not close in proximity. Simple things like having meetings in the same room are more challenging as separate units. Second, like any blended relationship, we are working through our differences, trying to identify where we need to function as a single entity, where our unique policies and procedures are appropriate, and how we can better collaborate across departments and the SSW. Finally, we continue to work on ways to articulate the gifts that the new College brings to the University, public health, social work and our various communities. We believe, however, that as we continue to explore these issues, we will be successful in creating our new College as one.

1.1.f. Description of how the mission, values, goals and objectives are made available to the school's constituent groups, including the general public, and how they are routinely reviewed and revised to ensure relevance.

The CPHSJ mission, values, goals and objectives are posted on the [CPHSJ website](#). The mission is posted in strategic locations in both of the CPHSJ buildings, e.g., Salus in the receptionist area of the dean's suite and in Tegeler in the director's suite.

In March 2015, the leadership team decided to require monthly reports on our progress on the strategic plan and other important measures of success. As of August 2015, each month the leadership team will review one to four strategic areas or College functions. (The associate deans [ADs] have begun reporting to leadership since they continue those meetings during the summer.) This process allows us to regularly review and revise goals, objectives, and action plans as well as helps to build a culture of evaluation at the College. It also helps us set priorities for the College given the budget and other resources, e.g., staff and faculty. Finally, we believe this regular reporting will help us determine when we should review the entire strategic plan, including our mission, to assure our College activities remain relevant to the fields of public health, social work and other programs in the College.

In 2004, the SPH (at that point in time) revised its mission to more accurately reflect the public health trend of translation and dissemination. The initial mission was developed by a committee of faculty, staff and students and then was vetted by the entire SPH and approved by the faculty. Because we had a number of faculty involved in translational research and the field was pushing us in that direction, the SPH believed we should begin to plan for and prepare students with skills and abilities to translate and disseminate important public health messages. Therefore, we developed a set of competencies that reflect translation and dissemination.

Many of the faculty who left in 2008 were those who focused on translational research and we quickly realized that we lacked the critical mass to successfully advance a College translation and dissemination initiative. Therefore, during the 2008-2009 academic year we hired a business school faculty member who helped us identify three pillars or values that reflected the changing school: applied and practice-based, social justice and collaborative. The College leadership drafted the values and obtained input and responses from the faculty and staff. Once we became a College we received approval for the SSW faculty and staff to continue to use these values and to add "innovation." As we became a College, we revised our mission to accurately communicate what we desire to accomplish as a new entity.

1.1.g. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

This criterion is met with commentary.

STRENGTHS:

- The CPHSJ operates from a mission and set of values that set the foundation for its work. Our mission and values ground us in the University's Jesuit philosophy, which separates us from all other schools or colleges of public health as the only accredited SPH in a Jesuit institution.
- The CPHSJ has a set of goals and measurable objectives that guides its work. These goals and objectives are intentionally aligned with the mission and values of the College, which ground our teaching, research, and service in the Jesuit tradition.

- The CPHSJ conducted a strategic planning process that included faculty, staff and students in its development and University administration and alumni in its review for comments. The process allowed us to create a plan that was grounded in our Jesuit mission and philosophy.
- The CPHSJ makes the strategic plan available on the website. The mission is posted in the CPHSJ Buildings.

WEAKNESSES:

- Although we involved students in the early development of the strategic plan, their continued involvement was not as intentional and more sporadic.
- Although we have officially been a College since July 1, 2013, we continue to work on becoming a single unit, while maintaining our public health and social work identities.

PLANS:

- The CPHSJ will intentionally include students in strategic planning implementation beginning in fall 2015.
- The CPHSJ will continue to operate from this strategic plan beginning immediately during interim leadership and following the arrival of Dean Airhihenbuwa. We believe that working on the strategic plan will help enhance additional collaborations as defined in some of the action items.

1.2 Evaluation.

The school shall have an explicit process for monitoring and evaluating its overall efforts against its mission, goals and objectives; for assessing the school’s effectiveness in serving its various constituencies; and for using evaluation results in ongoing planning and decision making to achieve its mission. As part of the evaluation process, the school must conduct an analytical self-study that analyzes performance against the accreditation criteria defined in this document.

1.2.a. Description of the evaluation processes used to monitor progress against objectives defined in Criterion 1.1.d., including identification of the data systems and responsible parties associated with each objective and with the evaluation process as a whole. If these are common across all objectives, they need be described only once. If systems and responsible parties vary by objective or topic area, sufficient information must be provided to identify the systems and responsible party for each.

Through this self-study process, we recognized that although we gather data on a number of indicators, we had few systematic processes in place that required us to regularly and strategically review data. Therefore, we have developed systematic processes and a culture of evaluation to assure that data are collected, reviewed and acted upon by appropriate individuals and committees.

The goals and objectives developed as part of the strategic plan set the foundation for evaluation of the College. The chairs of each of the strategic committees, along with associate deans and the leadership team, track activities and outcomes for their respective areas and disseminate the data as appropriate.

Table 1.2.A.1 lists objectives relative to the goals outlined in section 1.1.c, indicators for measuring the objectives, the data source(s) and the party(ies)/unit(s) responsible for obtaining and reporting. Although the University uses the Banner data management system, historically the data produced has not always been reliable. Therefore, we also maintain a shadow database for many of our data indicators as a way to assure data reliability.

TABLE 1.2.A.1 DATA COLLECTION AND USE AT THE CPHSJ

| TEACHING | | | |
|--|--|-----------------------------|---|
| Objective | Indicators | Data Source | Unit/Party Reporting to Leadership |
| 1.1. Strengthen teaching performance in the College | Student course evaluation scores (IDEA and IAS); Number of training programs provided by the Reinert Center for Transformative Teaching and Learning (CTTL); Percent of syllabi that reflect the relationship between competencies, course objectives and assessment | IDEA; IAS; Internal Records | Academic Affairs; Associate Dean for Academic Affairs (ADAA)/Chairs |
| 1.2 Assure syllabi demonstrate relationships between competencies and assessment | Competency to assessment table | Syllabi | Academic Affairs; ADAA |
| 2.1. Increase the degree to which Jesuit pedagogical principles are applied in the College core curriculum | Number of training programs offered that prepare faculty to use Jesuit pedagogy | Internal Records | Teaching (Pedagogy) Committee/ADAA |

| RESEARCH | | | |
|---|--|-------------------------------|--|
| Objective | Indicators | Data Source | Unit/Party Reporting to Leadership |
| 1.1. Increase the number of external submissions, both federal and foundation | Number of federal and foundation external submissions | Internal Records | Research Advisory Council (RAC); Associate Dean for Research (ADR) |
| 1.2. Increase the percentage of externally funded dissertation fellowships | Percentage of externally-funded dissertation fellowships | Internal Records | |
| 1.3. Increase the percentage of students employed on externally-funded grants | Percentage of students employed on externally-funded grants | Internal Records | |
| 1.4. Increase the percentage of peer-reviewed publications | Percentage of peer-reviewed publications | Faculty Activity Report (FAR) | |
| 1.5. Increase the percentage of faculty-authored books and book chapters | Percentage of faculty-authored books and book chapters | FAR | |
| 1.6. Increase the number of presentations at national meetings with faculty and students authors | Number of presentations by faculty and students at national meetings | FAR; Internal Records | |
| 2.1. Increase the number of research proposal submissions with CPHSJ interdisciplinary faculty representation | Number of CPHSJ interdisciplinary research proposal submissions | FAR | |

| SERVICE | | | |
|--|---|--------------------|---|
| Objective | Indicators | Data Source | Unit/Party Reporting to Leadership |
| 1.1. Develop an integrated research and service support system to facilitate identification of issues and opportunities for College faculty research and service efforts | Database system established, supported, live and populated | NA | RAC and Innovation & Synergy Committee (Service); Associate Dean for Public Health Practice (ADPHP) |
| 1.2. Create a mechanism(s) for financial support for development of new research and service activities | Innovation fund established and funded | NA | |
| 1.3. Assure that the College has an established mechanism for facilitating College-community relationships | Mechanism established, number of local, national and international partners, formal linkages with organizations, number of faculty reviewers (grants and manuscripts), number of faculty on editorial boards, number of faculty leaders in professional organizations, number of faculty consulting or providing technical assistance | FAR | Innovation & Synergy Committee (Service); ADPHP |

| SERVICE | | | |
|---|----------------|----|---|
| 2.1. Establish “hubs” focused on addressing disparities in identified and prioritized domestic communities of need and addressing health and well-being issues where interdisciplinary efforts hold promise for progress toward solutions | Number of hubs | NA | Innovation & Synergy Committee (Service); ADPHP; Director of GLOH |

| DIVERSITY | | | |
|--|---|--------------------------|---|
| Objective | Indicators | Data Source | Unit/Party Reporting to Leadership |
| 1.1. Retain under-represented minority students between freshman and sophomore years | Retention rates | Banner; Internal Records | Diversity Committee |
| 1.2. Increase the % of under-represented students | % African American, Hispanic and International students by degree programs | Banner; Internal Records | |
| 2.1. Increase the proportion of faculty, staff and students who report that the CPHSJ is welcoming to a diverse population | Diversity climate survey | Internal Records | |
| 3.1. Actively promote an environment in the College that promotes diversity and inclusion, and act swiftly and decisively if that commitment is breached by students, faculty or staff | Proportion of faculty and staff who say the College is welcoming to a diverse population. | Internal Records | |
| 3.2. Review, develop, revise, and implement College policies that attract and retain under-represented faculty, staff and students | Policies | Internal Records | |

1.2.b. Description of how the results of the evaluation processes described in Criterion 1.2.a. are monitored, analyzed, communicated and regularly used by managers responsible for enhancing the quality of programs and activities

Effective in the fall of 2015, the chair of each of the standing strategy committees is responsible for reporting the progress of their strategic planning activities, accomplishments, and objectives to the leadership committee twice each year. ADs also report progress on their respective activities and accomplishments to the leadership team at least twice a year. The ADAA reports on admissions, retention, graduation rates and competency exam pass rate. (See section 2.7.) The ADR reports on research indicators illustrated in the research outcomes measures. (See sections 1.1 and 3.1.) He also reports to the Faculty Assembly about twice per year. The ADPHP reports on alumni relations, community advisory boards and new partnership development. A rotating schedule is used to assure that reports are made by committees and deans. See the example rotating schedule in Table 1.2.B.1 below. The leadership committee considers, discusses and uses the reports to make decisions about program amendments, changes in direction, or maintaining the status quo.

TABLE 1.2.B.1 EVALUATION REPORTING BY STRATEGIC PLANNING COMMITTEES AND ASSOCIATE DEANS*

| Committee/AD | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Teaching | X | | | | | X | | | | | | |
| Research | | X | | | | | X | | | | | |
| Innovation and Synergy and Service | | | X | | | | | X | | | | |
| Global Reach and Service | | | | X | | | | | X | | | |
| Diversity | | | | | X | | | | | X | | |
| Relationships | X | | | | | X | | | | | | |
| Development | | | | X | | | | | | | X | |
| Quality (as needed) | X | X | X | X | X | X | X | X | X | X | X | X |
| Academic Affairs | | | X | | | | | | | X | | |
| Research | | X | | | | | X | | | | | |
| Public Health Practice | | | | | X | | | | | | | X |
| Finance (as needed) | X | X | X | X | X | X | X | X | X | X | X | X |

* This table is an example of when we report progress on the strategic areas and the primary College activities. The exact date of when committees or ADs report varies.

The self-study process helped us recognize that we were not using the abundance of data available at both the College and University levels. The rotating reporting of data as illustrated in Table 1.2.B.1 is meant to begin a change in our culture from one that often relied on limited data (or none at all) to one of identifying the most appropriate and valid data to use for quality improvement and decision making at multiple levels within the college.

Strategic planning and AD reports are provided in writing. All reports become part of the meeting minutes.

1.2.c. Data regarding the school's performance on each measurable objective described in Criterion 1.1.d. must be provided for each of the last three years. To the extent that these data duplicate those required under other criteria (e.g., 1.6, 1.7, 1.8, 2.7, 3.1, 3.2, 3.3, 4.1 and 4.3), the school should parenthetically identify the criteria where the data also appear.

In order to assure that we offer educational experiences for students that are of the highest quality and incorporate Jesuit philosophy, we measure the outcomes listed in Table 1.2.c.1.

TABLE 1.2.c.1 OUTCOME MEASURES FOR TEACHING

| TEACHING | | | | |
|---|---|------------------------------|----------------|----------------|
| Outcome Measure | Target | AY12-13⁽¹⁾ | AY13-14 | AY14-15 |
| <i>IDEA Scores (fall and spring only)</i> | | #(%) <45 | #(%) <45 | #(%) <45 |
| Course evaluation scores for PH courses (Obj 1.1; fall and spring semesters only) | 0 courses with scores less than 45 on IDEA ⁽²⁾ | 22 (11%) | 39 (16%) | 37 (18%) |
| <i>IAS Scores (fall and spring only)</i> | | NA | #(%) < 3.5 | #(%) < 3.5 |
| Course evaluation scores for SSW courses (Obj 1.1; fall and spring semesters only) | 0 courses with scores less than 3.5 on IAS ⁽³⁾ | NA | 13 (10%) | 11 (8%) |
| Percent of syllabi that reflect the relationship between competencies, course objectives and assessment (process measure for Obj. 1.1; MPH and BSPH courses only) | 100% | NA | 17% | 81% |
| Number of training programs in Jesuit pedagogy per year (process measure for Obj 2.1) | 2 | 0 | 1 | 2 |
| Number of training programs provided by the CTTL per year (process measure for Obj. 1.1) | 2 | 3 | 2 | 3 |

FOOTNOTES TO TABLE 1.2.C.1

(1) The SSW was not part of the CPHSJ during this year.

(2) MPH, MHA, Master of Science in Biosecurity and Disaster Preparedness (MSBSDP), PhD PHS, BSPH, Bachelor of Science in Emergency Management (BSEM), BSHM, Bachelor of Science in Biostatistics (BSBST) use the IDEA course evaluation system.

(3) Master of Social Work (MSW), Master of Science in Applied Behavior Analysis (MSABA), MSCPP, PhD SW, Bachelor of Science in Social Work (BSSW), Bachelor of Arts in Criminology and Criminal Justice (BACCJ) use the IAS course evaluation system.

To monitor and assure that we increase and enhance our research programs, we measure the indicators listed in Table 1.2.c.2.

TABLE 1.2.c.2 OUTCOMES MEASURES FOR RESEARCH

| RESEARCH | | | | |
|---|-----------------------------|-----------------------------|---------------|---------------|
| Outcome Measure (associated strategic planning objective) | Target⁽¹⁾ | FY2013⁽²⁾ | FY2014 | FY2015 |
| Total number of applications for external funding (per capita of grant awards); (Obj 1.1) ⁽¹⁾ | 80 (1.2) | 68 (1.8) | 74 (1.0) | 52 (0.88) |
| Number of externally funded awards per capita for tenured and tenure-track faculty (number) (Obj 1.1) ⁽³⁾ | 1.0 (51) | 1.4 (55) | .9 (21) | 0.66 (39) |
| Amount of financial support for internal pilot grants. (Obj 1.1) ¹ | \$10,000 | n/a | \$10,000 | \$13,007 |
| Percentage of doctoral students who receive dissertation fellowships (Obj. 1.2) ⁽⁴⁾ | 15% | 4% | 2% | 0 |
| Percentage of students employed on externally funded grants of all such grants (Obj 1.3) ⁽¹⁾ | 70% | 65% | 69% | 45% |
| Number of externally funded awards including community members, agencies, or organizations (Obj 2.1) ⁽¹⁾ | 30 | 29 | 28 | 20 |
| Outcome Measure (associated strategic planning objective) | | CY2012 | CY2013 | CY2014 |
| Per capita published or accepted peer-reviewed manuscripts (tenured and tenure-track faculty) (Obj 1.4) ⁽²⁾ | 3.0 | 3.3 | 2.7 | 3.31 |
| Total number of faculty-authored book chapters and books (Obj 1.5) ⁽²⁾ | 10 | 1 | 7 | 16 |
| Number of presentations at professional meetings by faculty and students (Obj 1.6) ⁽²⁾ | 20 | 27 | 13 | 22 |
| Number of published or accepted manuscripts by faculty with student co-authorship (Obj 1.4) ⁽²⁾ | 60 | 21 | 54 | 58 |
| Number of presentations at professional meetings by faculty (Obj 1.6) ⁽²⁾ | 200 | 141 | 181 | 230 |

FOOTNOTES TO TABLE 1.2.C.2

(1) Targets are set at the College level and reflect the strategic plan.

(2) SSW data is not part of CPHSJ during this time period; SSW became part of the College during FY2014.

(3) Data based on fiscal year (July 1 - June 30, e.g., 2012 = July 1, 2012 - June 30, 2013) and this is how the data is reported on the Research Activity (Table 3.1.1) and Funding Training/CE (Table 3.3.1) charts.

(4) Data based on calendar year (January 1 - December 31).

The CPHSJ collects the measures in Table 1.2.c.3 to assure that our service is enhanced and provided in a coordinated way with local, national and international communities. The first four measures relate to the strategic plan, while the last five allow us to monitor faculty activity in service.

TABLE 1.2.c.3 OUTCOME MEASURES FOR SERVICE

| SERVICE | | | | |
|---|---|-----------------|-----------------|-----------------|
| Outcome Measure (associated strategic planning objective) | Target | AY12-13 | AY13-14 | AY14-15 |
| COLLEGE-WIDE | | | | |
| System to support service and research (Obj 1.1) | Database system created by December 2016 | NA | NA | NA |
| Financial support for new research and service activities (Obj 1.2) | Financial support devoted to service shown in FY16 budget | NA | NA | NA |
| Mechanism for facilitating College-community relationships (Obj 1.3) | Mechanism created by December 2016 | NA | NA | NA |
| Number of hubs (Obj 2.1) | At least one and shown in FY17 budget | NA | NA | NA |
| PH Faculty Only | Target | CY2012 % | CY2013 % | CY2014 % |
| Percent of faculty who work with local community organizations | 75% | 60 | 73 | 63 |
| Percent of faculty who work with national community organizations | 30% | 37 | 41 | 22 |
| Percent of faculty who work with international community organizations | 20% | 19 | 18 | 9 |
| Percent of faculty who hold leadership positions in professional organizations | 20% | 35 | 16 | 17 |
| Percent of faculty who consult or provide technical assistance to community organizations | 30% | 19 | 29 | 17 |

To assure that we improve diversity and create a more welcoming environment in the CPHSJ, we collect and report on the outcome measures listed in Table 1.2.c.4.

TABLE 1.2.c.4 OUTCOME MEASURES FOR DIVERSITY

| Category/Definition | Method of Collection | Data Source | 7- Year Target % | AY12-13 % | AY13-14 % | AY14-15 % |
|--|----------------------|---|------------------|-----------|-----------|-----------|
| STUDENTS: AFRICAN AMERICAN (Obj. 1.2) | SELF- REPORT | ADMISSIONS/ INSTITUTIONAL RESEARCH (OIR) | | | | |
| • MPH | | | 12 | 6.9 | 10.5 | 10.3 |
| • BSPH | | | 6 | 5.0 | 6.3 | 3.0 |
| • PhD PHS | | | 12 | 5.0 | 12.8 | 10.3 |
| • Other Undergraduates | | | 6 | 7.9 | 8.4 | 6.3 |
| • Other Graduates | | | 10 | 12.5 | 11.5 | 7.7 |
| STUDENTS: HISPANIC (Obj. 1.2) | SELF- REPORT | ADMISSIONS/ OIR | | | | |
| • MPH | | | 4 | 5.6 | 4.3 | 0.6 |
| • BSPH | | | 5 | 7.4 | 6.3 | 4.2 |
| • PhD PHS | | | 4 | 0 | 5.1 | 2.6 |
| • Other Undergraduates | | | 5 | 3.2 | 3.9 | 4.8 |
| • Other Graduates | | | 4 | 4.2 | 3.4 | 0.7 |
| STUDENTS: INTERNATIONAL (Obj. 1.2) | SELF- REPORT | ADMISSIONS/ OIR | | | | |
| • MPH | | | 20 | 16.7 | 16.0 | 17.7 |
| • BSPH | | | 5 | 0.8 | 3.2 | 5.5 |
| • PhD PHS | | | 24 | 17.5 | 23.1 | 23.1 |
| • Other Undergraduates | | | 3 | 0.4 | 1.0 | 2.3 |
| • Other Graduates | | | 5 | 3.0 | 3.1 | 4.4 |
| FACULTY: AFRICAN AMERICAN | SELF- REPORT | HUMAN RESOURCES | | | | |
| • PH faculty only | | | 10 | 5.0 | 4.0 | 7.0 |
| • SSW faculty only | | | 10 | NA | 12.5 | 9.0 |
| • All faculty | | | 10 | NA | 7.0 | 7.5 |
| STAFF: AFRICAN AMERICAN | SELF- REPORT | HUMAN RESOURCES | | | | |
| • PH staff only | | | 10 | 17.0 | 11.0 | 7.0 |
| • All Staff | | | 10 | NA | 13.0 | 6.0 |
| STUDENTS: Under- represented freshman to sophomore retention (Obj. 1.1) | | BANNER DATA | 90 | 100.0 | 10.00 | 100.0 |
| STUDENTS: Under- represented graduate student grad rate (5 year) | | BANNER DATA | 100 | 71.3 | 82.7 | 80.6 |

| Category/Definition | Method of Collection | Data Source | 7- Year Target % | AY12-13 % | AY13-14 % | AY14-15 % |
|--|----------------------|-----------------|----------------------------------|-----------|-----------|---------------|
| STUDENTS: Proportion of students reporting CPHSJ is welcoming to a diverse population (Obj. 2.1) | SELF-REPORT | SURVEY | 100 | NA | NA | 84.0 |
| FACULTY: Proportion of faculty reporting CPHSJ is welcoming to a diverse population (Obj. 2.1) | SELF-REPORT | SURVEY | 100 | NA | NA | 86.0 |
| Category/Definition | Method of Collection | Data Source | Target | AY12-13 | AY13-14 | AY14-15 |
| STAFF: Proportion of staff reporting CPHSJ is welcoming to a diverse population (Obj. 2.1) | SELF-REPORT | SURVEY | 100% | NA | NA | 76% |
| FACULTY AND STAFF: By Spring 2015, develop, revise, and implement College policies that attract and retain under-represented faculty and staff. (Obj. 3.2) | COLLEGE RECORDS | COLLEGE RECORDS | Policies written and implemented | NA | NA | Not completed |
| FACULTY AND STAFF: Offer at least 2 cultural competency trainings provided by the Anti-Defamation League (ADL) for faculty and staff each academic year (3.1) | COLLEGE RECORDS | COLLEGE RECORDS | 2 trainings per year | NA | 1 | 2 |

1.2.d. Description of the manner in which the self-study document was developed, including effective opportunities for input by important school constituents, including institutional officers, administrative staff, faculty, students, alumni and representatives of the public health community.

The philosophy for the development of the self-study was participatory. It included faculty and staff in its development and students and alumni in its review. The ADs (academic affairs and research), along with support staff, led the effort since they have the greatest knowledge of day-to-day activities conducted by the College. We introduced the self-study process at the January 2012 retreat (prior to becoming a College) by providing an overview and indicating that faculty and staff would be involved in the data gathering and writing process. We reported on the progress of the self-study at each biannual retreat, as well as during several Faculty Assembly meetings.

We formed a planning team made up of the ADAA, ADR, director of student services, MPH coordinator, and the business manager. We have since added an assistant dean for finance and

administration (ADFA), ADPHP and the directors of the PhD PHS and undergraduate (BSPH, BSHM and BSEM) programs to the team. We removed the business manager, whose position was eliminated.

In the summer of 2012, the planning team began meeting to develop a process for conducting the self-study. This team identified relevant faculty and staff to provide information for or draft parts of the self-study. For example:

- Based on the encouragement of Council on Education for Public Health (CEPH) staff, we decided that the undergraduate section would use the stand-alone guidelines and so the director of the undergraduate programs coordinated the development of that section.
- The ADPHP, hired in the fall of 2013, took on the workforce development section, as well as reviewing the alumni, career development and practice experience sections of the document.

In the fall of 2012, the planning team brought all of the faculty and staff responsible for the various data sources together and provided a brief training. Their assignment was to complete the table(s) for which they were responsible by August 2013, which would constitute the first year of required data for the document.

We created several levels of review of the document. First, the MPH coordinator worked closely with the ADAA in support of the self-study. She regularly reviewed the document to identify holes, missing data, and inconsistencies. Several faculty and staff wrote the first drafts of various sections. The leadership team (including deans, chairs and Faculty Assembly president), planning team, an Executive in Residence, an at large faculty member, and a communication staff member reviewed various parts of the document at several points in its development. The planning team asked alumni, students, and community members to review specific sections, guided by questions on which they could focus. We hired an editor to review the first draft presented to CEPH and the final draft to assure consistency of the final document. We relied on the [SLU Writing Style Guide](#) for guidance on formatting requirements. The final document was provided to institutional officers. The final draft and document was provided to institutional officers.

On June 15, 2015, we sent a letter (ERF 1.2 Evaluation > Third Party Notification and Third Party Email Notification) to alumni, preceptors, other community partners, faculty and staff that invites comments to CEPH about the CPHSJ. We also informed them that we posted the [draft self-study on the website](#) and [invited comments](#) back to the CPHSJ, as well as to CEPH.

1.2.e. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

This criterion is met with commentary.

STRENGTHS:

- The CPHSJ has developed a process for evaluating its strategic planning efforts as well as other indicators related to teaching, research, service, and diversity.
- The self-study was developed with a planning team leading the effort and included important constituents in both the development and review of the document. The outcome is a document that accurately reflects the current state of the CPHSJ, a description of its recent challenges, and plans for responding to and addressing challenges.

WEAKNESSES:

- Historically, the CPHSJ has not used data in a systematic way to review its process and determine necessary changes or improvements. It is only beginning to use all of the data sources for quality improvement and to build a culture of evaluation.
- The CPHSJ continues to use a shadow database for its admissions data because data obtained from the Banner system is not believed to be 100% reliable (although steps have been taken by the University registrar to make amendments).

PLANS:

- The CPHSJ is building a culture of evaluation in which we regularly review and use data for quality improvement and decision-making. The leadership team decided to require that strategic planning committees and ADs regularly report their progress (beginning fall 2015) so that leadership can methodically use the evaluation results to modify and strengthen the College's academic, research, service, and diversity activities. Beginning at the end of the 2015-2016 academic year, the ADs and chairs of the strategic planning committees will provide annual progress reports to faculty, staff, students, alumni, and University administration and will post them on the CPHSJ website. The ADR and ADAA currently provide end of year reports that are circulated to the College.
- The CPHSJ registrar, data coordinator, and MPH coordinator meet twice monthly with the University registrar to assess data issues. This activity has resulted in a number of resolved challenges. The University registrar is helping the staff by demonstrating the comprehensiveness of the Banner system and by developing new reports to make workflow more efficient. This activity will continue until deemed no longer pertinent.

1.3 Institutional Environment.

The school shall be an integral part of an accredited institution of higher education and shall have the same level of independence and status accorded to professional schools in that institution.

1.3.a. A brief description of the institution in which the school is located, and the names of accrediting bodies (other than CEPH) to which the institution responds.

Founded in 1818, Saint Louis University is the oldest university west of the Mississippi and the second oldest Jesuit University in the United States. It also includes a campus in Madrid, Spain, that was established in 1967. As the first freestanding campus operated by an American University in Europe, this campus is recognized by Spain's higher education authority as an official foreign university, the first U.S. institution to hold this endorsement. SLU is comprised of 12 colleges and schools, including arts and sciences, business, education and public service, engineering, aviation and technology, allied health sciences, law, medicine, nursing, philosophy and letters, professional studies, public health and social justice (including the SSW) and four academic centers including advanced dental education, health care ethics, outcomes research and sustainability. It employs more than 3,000 faculty and educates over 13,500 students per year. The endowment is just over \$1 billion.

The University seeks excellence in the fulfillment of its corporate purposes of teaching, research, health care and service to the community. In fiscal year 2014, the University was awarded more than \$39 million in research funding from public and private resources, including the National Institute of Health (NIH), National Science Foundation, and Centers for Disease Control and Prevention (CDC). SLU is classified as a high research activity university according to Carnegie. Living the University's mission, students, faculty and staff cumulatively complete more than 1.6 million hours of community service each year. SLU has 13 graduate programs that rank in the top 100 in the country, with five in the top twenty-five, including the #23 ranked CPHSJ and the #7 ranked Master of Health Administration housed in the CPHSJ.

SLU is accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools. It was fully reaccredited in 2011.

The bodies that accredit programs and schools in the University are listed below.

- Accreditation Association for Ambulatory Health Care
- Accreditation Board for Engineering Technology
- Accreditation Council for Graduate Medical Education
- Accreditation Council for Continuing Medical Education
- Accreditation Council for Occupational Therapy Education
- Accreditation Review Committee on Education for Physician Assistants
- American Bar Association
- American Chemical Society
- American Dental Association Commission on Dental Accreditation
- American Psychological Association
- American Speech-Language-Hearing Association
- Association to Advance Collegiate Schools of Business International
- Aviation Accreditation Board International
- CEPH
- Commission on Accreditation of Allied Health Education Programs

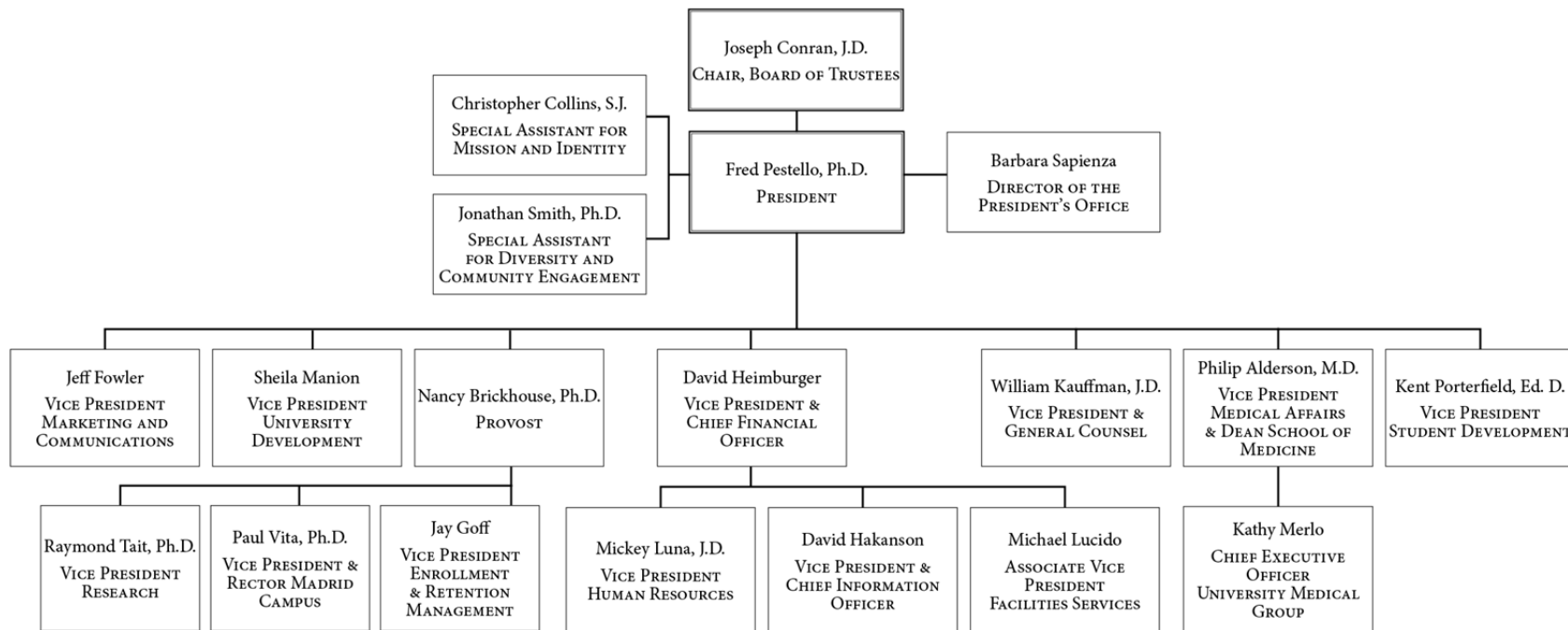
- Commission on Accreditation of Athletic Training Education
- Commission on Accreditation for Health Informatics and Information Management Education
- Commission on Accreditation of Healthcare Management Education (CAHME)
- Commission on Accreditation in Physical Therapy Education
- Commission on Approval for Dietetics Education, the American Dietetic Association
- Commission on Collegiate Nursing Education
- Council on Social Work Education (CSWE)
- Joint Review Committee on Educational Programs in Nuclear Medicine Technology
- Joint Review Committee on Education in Radiologic Technology
- Liaison Committee on Medical Education
- Missouri Department of Elementary and Secondary Education
- Missouri State Board of Nursing Approval
- National Council for Accreditation of Teacher Education
- National Association of Schools of Public Affairs and Administration
- National Accrediting Agency for Clinical Laboratory Science
- Occupational Therapy Association

1.3.b. One or more organizational charts of the university indicating the school's relationship to the other components of the institution, including reporting lines.

In July 2014, the University welcomed its 33rd president, Dr. Fred Pestello. He is the first permanent lay president in the University's nearly 200-year history. Dr. Pestello is demonstrating that he is a democratic and participatory leader, recognizing the importance of faculty governance, staff input into University functions, and students' voices in strengthening the University offerings. He is recognizing that the University structures are not as efficient and effective as they should be. Therefore, as of January 2015, Dr. Pestello has made one organizational change, which was to transform "development" into a unit equivalent to other administrative units by taking it from under "communications," and raising its significance in the University. Dr. Pestello has indicated that development is one of his priorities and a major comprehensive campaign will be held in conjunction with the 200 year anniversary of SLU in 2018.

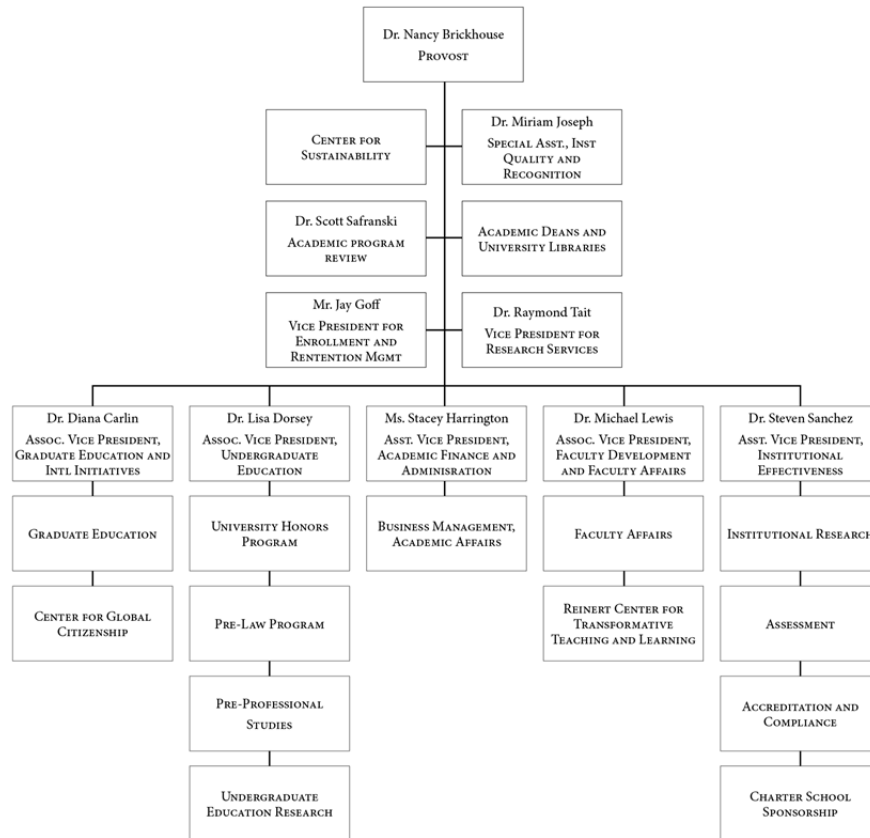
The President is responsible to the [Board of Trustees](#) and has an [executive team](#) that reports directly to him. Figure 1.3.B.1 provides the organizational structure of the University.

FIGURE 1.3.B.1 SAINT LOUIS UNIVERSITY ORGANIZATIONAL STRUCTURE (JULY 2015)



The [deans](#) report directly to the provost. Figure 1.3.B.2 demonstrates the relationship between the provost and other direct reports.

FIGURE 1.3.B.2 SAINT LOUIS UNIVERSITY ACADEMIC AFFAIRS ORGANIZATIONAL CHART (July 2015)



1.3.c. Description of the school’s level of autonomy and authority regarding the following:

BUDGETARY AUTHORITY

The office of financial planning and budget (budget office) manages the University's operating and capital budgets from executive planning to review of departmental budget transactions. The budget office develops the annual budget process guidelines and timeframe. The CPHSJ dean and ADFA, with input from key faculty and staff, create a proposed budget (e.g., enrollment projections, capital needs, and resources for new programs/faculty/staff) that is presented to the provost and the vice president for finance. The University reviews all budget proposals, and creates its budget to balance needs of individual units and the University. The Board of Trustees approves the budget, and the annual College budget is awarded in late spring. Once approved, the College manages its own budget in collaboration with the budget office.

The University development office manages Annual Fund monies and allocates funds to the College based upon gift designations. The College has latitude in use of these funds as long as spending follows University policy and the wishes of the benefactors, as appropriate. The College receives a portion of indirect cost recoveries from grants and contracts to further faculty research. (See section 1.6 on indirect cost recovery.)

LINES OF AUTHORITY

The deans are the chief executive officers and administrators of their schools/colleges. They report to the provost for leadership, academic and administrative matters related to their units and follow University policies and procedures. Deans meet monthly as the council of academic deans and directors, convened by the provost. Since Dr. Pestello has become president of SLU, the deans are now members of the President's Coordinating Council, a group historically populated by vice presidents only and responsible for University-wide decision making.

PERSONNEL RECRUITMENT, SELECTION AND ADVANCEMENT, INCLUDING FACULTY AND STAFF

Faculty appointment, promotion, and retention are administered at the College level, consistent with policies in the [SLU Faculty Manual](#). When faculty positions become available, department chairs create a position description and search strategy in collaboration with the ADFA. This is presented to the dean, Human resources, and provost for approval. Positions are advertised as defined in the recruitment plan. Search committees are typically chaired by the department chair and composed of that department's faculty or faculty from across departments, as appointed by the dean. The search committee selects candidates to interview with faculty, staff, students and the dean and to give a job presentation. The chair solicits faculty, staff and student feedback and submits a hiring recommendation to the dean. The dean, in conjunction with the chair, conducts the offer and negotiation. The dean retains authority for hiring College faculty, although the provost makes the formal offer. The CPHSJ promotion and tenure committee approves the rank and tenure status of individuals appointed as associate or full professors. The university committee on rank and tenure approves rank and tenure status of all faculty appointments.

New staff positions are created after the CPHSJ obtains budgetary approval from the University. Job descriptions are developed by the College and approved by the dean, provost, and human resources. Salary grade is determined by human resources, reviewed by the College, and approved by the provost. The College then posts the position for hiring.

The number of approvals required through this process often lengthens the time it takes to get new faculty and staff on board. The recognition of some inefficient human resource processes (as well as other system inefficiencies) has been brought to Dr. Pestello's attention. As a result, he has established a task force charged with assessing procedural inefficiencies and developing a plan to reduce/eliminate them.

ACADEMIC STANDARDS AND POLICIES, INCLUDING ESTABLISHMENT AND OVERSIGHT OF CURRICULA

Curriculum oversight and academic standards occurs at the department/program, College, and University levels. Departments and programs are responsible for the development of new programs, courses and College policies (section 1.5), as well as revisions to curriculum and degree requirements (ERF 1.5 Governance > Process Flow for New Academic Initiative Approvals). New programs and policies and curricular changes are first approved at the department/program level, then by the CPHSJ academic affairs committee. They are then submitted to the University's undergraduate or graduate academic affairs committees (UAAC or GAAC) for approval (new programs, substantial curricular changes) or, for minor curricular changes, for informational purposes (ERF 1.5 Governance > GAAC Bylaws and UAAC Bylaws). New programs are then approved by the provost and the University Board of Trustees.

1.3.d. Identification of any of the above processes that are different for the school of public health than for other professional schools, with an explanation.

NA

1.3.e. If a collaborative school, descriptions of all participating institutions and delineation of their relationships to the school.

NA

1.3.f. If a collaborative school, a copy of the formal written agreement that establishes the rights and obligations of the participating universities in regard to the school's operation.

NA

1.3.g. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

STRENGTHS:

- SLU was fully accredited in 2011 by the North Central Association of Colleges and Schools. SLU supports several college, school and program accreditations.
- The CPHSJ has a fair amount of authority regarding the budget, hiring practices and academic policies and procedures. All schools and colleges have the same level of authority and autonomy in issues related to budgets, lines of authority, personnel recruitment and advancement, and academic standards.
- Dr. Pestello has recognized some of the challenges with current University systems and is appropriately responding to them.
- The change in University leadership has gone from one that was autocratic to one that is much more participatory. While Dean Trevathan worked very well with former President Father Biondi, faculty and staff across the University expressed the desire for the more democratic style that Dr. Pestello brings.

WEAKNESSES:

- SLU has processes related to hiring practices and other University systems that are often redundant and unnecessary, creating inefficiencies and extended time for completion.

PLANS:

- The president has formed an operations review committee to assess the inefficiencies in many systems in the University as a way to increase our ability to provide the highest quality teaching, research and service.

1.4 Organization and Administration.

The school shall provide an organizational setting conducive to public health learning, research and service. The organizational setting shall facilitate interdisciplinary communication, cooperation and collaboration that contribute to achieving the school's public health mission. The organizational structure shall effectively support the work of the school's constituents.

1.4.a. One or more organizational charts showing the administrative organization of the school, indicating relationships among its component offices, departments, divisions or other administrative units.

The CPHSJ's organizational chart is demonstrated in Figure 1.4.A. The CPHSJ is made up of five departments (behavioral science and health education [BSHE], biostatistics [BST], environmental and occupational health [EOH], epidemiology [EPI], and HMP) and the SSW. Each of the chairs and the director of social work report directly to the dean. There are three associate deans (academic affairs, practice, and research) and an ADFA, each of whom report directly to the dean. As of the date of this publication, we are actively searching for an ADFA. The alumni engagement officer officially reports to the assistant vice president for medical center development and works with the College on development and alumni relations. The position is unfilled at this point.

Figure 1.4.B demonstrates the organization of each of the associate and assistant dean's offices. These positions, along with the Faculty Assembly president and a staff representative, make up the leadership committee. The CPHSJ offers five institutes and centers (see section 1.4.b for descriptions of each).

FIGURE 1.4.A CPHSJ ORGANIZATIONAL CHART (AUGUST 2015)

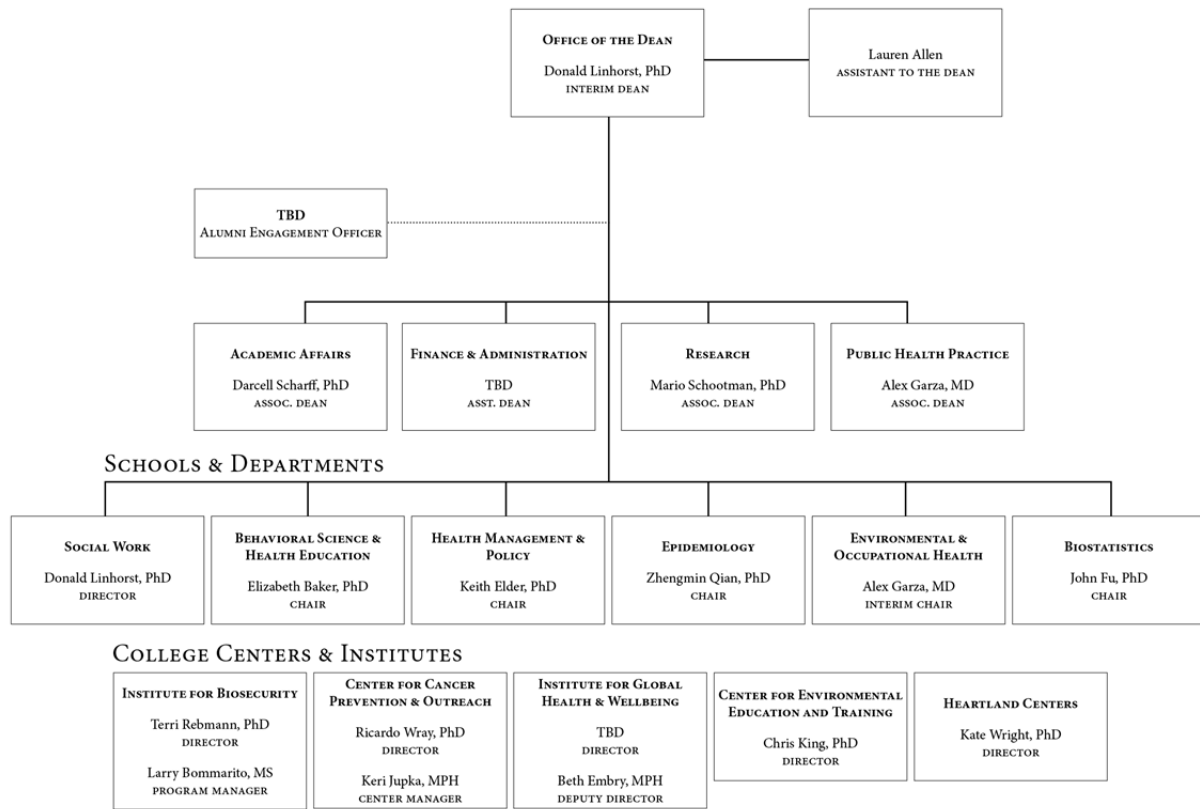
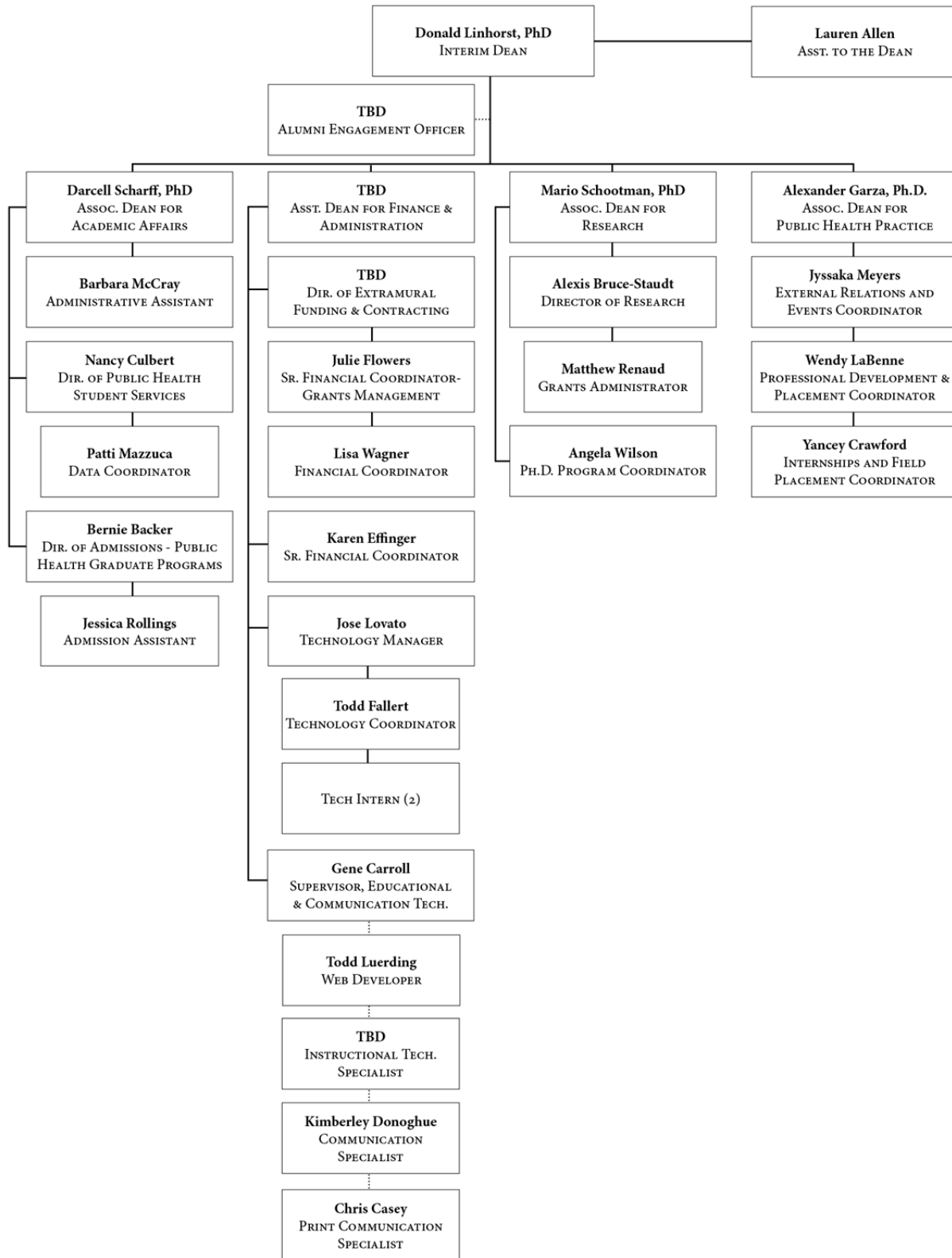


FIGURE 1.4.B CPHSJ DEAN’S OFFICE ORGANIZATIONAL CHART (AUGUST 2015)



1.4.b. Description of the roles and responsibilities of major units in the organizational chart.

As part of the strategic planning process, we developed an administrative manual that includes the organizational charts, college administration including roles and responsibilities of key personnel, definition and charge of the CPHSJ committees, faculty organization and student organizations. (ERF 1.4 CPHSJ Administrative Manual DRAFT.) This administrative manual is designed to complement the faculty manual by providing administrative information as opposed to governance policies.

KEY ADMINISTRATIVE PERSONNEL

The following are descriptions of the roles and responsibilities of key administrative personnel in the CPHSJ.

Dean: The dean has the final authority for all budgetary and academic decisions made in the CPHSJ. Currently, Dr. Don Linhorst, Interim Dean, assumes these responsibilities in the absence of a permanent dean. Major responsibilities of this position include:

- Establishes College goals, with input from College senior leadership and the Faculty Assembly, and budgeting priorities.
- Serves as liaison to other schools/colleges and the University senior administration.
- Addresses personnel issues, in coordination with senior leadership.
- Coordinates and evaluates chairs, associate and assistant deans, and the assistant to the dean.
- Approves rank and tenure recommendations and presents them to the provost.
- Leads College development and fundraising.

Associate Dean for Academic Affairs: The ADAA is responsible for all academic programs in the college, graduate admissions, and student services, and chairs the academic affairs committee. The responsibilities of this position can be found in ERF 1.4 Organization and Administration > CPHSJ Administrative Manual DRAFT.

Associate Dean for Research: The ADR serves as the chief research officer, sets the goals and objectives for research infrastructure, and directs the office of research. This position chairs the research advisory council (RAC). The responsibilities of this position can be found in ERF 1.4 Organization and Administration > CPHSJ Administrative Manual DRAFT.

Associate Dean for Public Health Practice: The ADPHP sets the agenda for public health practice activities and leads the public health practice office. This position chairs the strategic planning external relationship committee. The responsibilities of this position can be found in ERF 1.4 Organization and Administration > CPHSJ Administrative Manual DRAFT.

Assistant Dean for Finance and Administration: The ADFA leads the finance, human resources, technology, facilities, and communication efforts for the College. The responsibilities of this position can be found in ERF 1.4 Organization and Administration > CPHSJ Administrative Manual DRAFT.

Department Chairs: The chairs set departmental goals and objectives for curriculum, faculty development and student enrollment. The responsibilities of this position can be found in ERF 1.4 Organization and Administration > CPHSJ Administrative Manual DRAFT.

Director of School of Social Work: The director serves as the chief executive officer of the School and is responsible for educational, research and service programs of the SSW. The

responsibilities of this position can be found in ERF 1.4 Organization and Administration > CPHSJ Administrative Manual DRAFT.

Academic Program Directors: The program directors are responsible for assuring the quality and functioning of the programs for which they are responsible. Program directors are responsible to the ADAA for academic programming concerns/issues/etc. The following is the list of program directors who are currently responsible for academic programs in the CPHSJ.

Public health degrees:

- MPH: Carole Baskin, DVM, MSc
- MPH-MCH: Pam Xaverius, PhD
- MPH-HMP: Kristin Wilson, PhD, MHA
- PhD PHS: Mario Schootman, PhD and Enbal Shacham, PhD, MEd, MPE
- BSPH: Lauren Arnold, PhD, MPH

Other professional degrees:

- EMHA: Michael Counte, PhD
- MSABA: Alyssa Wilson, PhD, BCBA-D
- MSBSDP: Terri Rebmann, PhD, RN
- MSW: Stephen McMillan, PhD, MSW
- MHA: Jason Turner, PhD
- MSCPP: Noelle Fearn, PhD

Other undergraduate degrees:

- BACCJ: Noelle Fearn, PhD
- BSSW: Sandra Naeger, MSW
- BSHM, BSEM and BSBST: Lauren Arnold, PhD, MPH. The departments of health management, environmental health and biostatistics guide the curriculum of these undergraduate degrees.

Other academic degrees:

- PhD SW: Michael Vaughn, PhD

INSTITUTES AND CENTERS

The following are descriptions of the roles and responsibilities of institutes and centers in the CPHSJ.

Institute for Biosecurity

Director: Terri Rebmann, PhD, RN

Program Manager: Larry Bommarito, MS

Founded in 2001, the Institute for Biosecurity has pioneered the use of distance-learning technologies to train professionals in the fields of biosecurity and disaster preparedness. The Institute provides both course instruction and ongoing academic research in the fields of disaster preparedness and response, community resilience, worldwide terror threats and surveillance, and the ecological and social effects of bioterrorism.

The Institute has successfully established key partnerships in the health care and public health professions on a national, state and local level. The Institute is supported by a team of digital

technology and web specialists who provide faculty and student technical support for all aspects of the online, distance-learning course delivery system.

Center for Cancer Prevention, Research, and Outreach

Co-Directors: Ricardo J. Wray, PhD, MS (CPHSJ) and Scott Fosco, MD (School of Medicine)

Program Manager: Keri Jupka, MPH

The Center for Cancer Prevention, Research & Outreach (CCPRO) was formed by Saint Louis University's Cancer Center and CPHSJ with funds from Emerson, The Express Scripts Foundation and Ascension Health.

The Center seeks to empower underserved populations in North St. Louis City and County by providing tools and resources that identify and address cancer disparities, with a primary focus on breast and prostate cancers. To improve cancer incidence and outcomes, CCPRO seeks to promote collaboration with community partners and agencies, and build a network of partners committed to coordinating and enhancing outreach education and cancer prevention.

Center for Environmental Education and Training

Director: Christopher King, PhD

The Center for Environmental Education and Training (CEET) provides training specific to environmental and occupational safety and health. CEET provides professional development opportunities for environmental health and safety professionals, as well as resources to help employers meet their training and compliance needs.

As a component of the EOH department in the CPHSJ, CEET merges professional practice with academics, research and service to help promote environmental and occupational safety and health. In addition to regularly scheduled courses, CEET provides customized training to business, industry, and public agencies.

Designated by the US Department of Labor (USDOL) as an Occupational Safety and Health Administration (OSHA) Training Institute Education Center in 2002, CEET is a nationally recognized program providing excellence in training resources. CEET offers the new, nationally recognized certificate program, Public Sector Safety and Health Fundamentals.

Heartland Centers for Public Health and Community Capacity Development

Director: Kathleen Wright, EdD, MPH

The Heartland Centers for Public Health & Community Capacity Development (HCPHCC), formed in collaboration with academic and practice partners serving several states in the heartland region, consist of four Centers that are supported by a comprehensive Learning Management System (LMS): Center for Public Health and Preparedness, Public Health Education and Training Center, Center for Public Health and Community Leadership, and Center for Learning Management.

The primary goal of the HCPHSS and LMS is to create a sustained system for integrated competency-based strategic public health workforce development and organizational capacity improvement to meet local, state and national health and objectives. All centers and the LMS are linked with other collaborating regional centers and other LMS to form national networks with common goals and objectives.

Institute for Global Health and Wellbeing

Director: TBD

Deputy Director: Elizabeth Embry, MPH, MBA

The Institute has two primary goals: 1) to promote and coordinate global health across the CPHSJ and across the wider university community; and 2) to develop a clear focus of activities for global health research, education, service and global health partnerships with universities and non-governmental organizations. It accomplishes these goals by the coordination and orientation of international activities, network development for research within and beyond SLU, and platform development for research, service and teaching.

1.4.c. Description of the manner in which interdisciplinary coordination, cooperation and collaboration occur and support public health learning, research and service.

Teaching: Interdisciplinary collaboration for teaching occurs in a variety of ways. The CPHSJ faculty regularly invite other CPHSJ, SLU and other university faculty, and community partners to provide guest lectures. Co-teaching occurs as desired by the faculty and is supported by the College. For example, the newly revised PUBH5010 Mission and Practice of Global Public Health (required to be taken by all graduate students in the College except those in the MSBBDP) was developed by five faculty with substantial public health and social work practice experience and who each teach one section. They worked together to develop and share lectures, teaching methods, and assignments to create consistency across the sections and share best practices among them. In addition, the faculty member who developed the sections on health policy and law worked with faculty from the HMP department and School of Law to help determine the appropriate breadth and depth of content in these areas for students from the various disciplines. Currently, faculty are working with social work, health management, and criminology faculty to help us make the course more relevant for these students. Faculty who teach core courses in other concentrations also collaborate to develop and provide core courses with consistent learning objectives and content.

The CPHSJ offers a number of joint concentrations (within PH) and dual degree programs with other programs, including social work, nutrition, medicine, law and business (see Table 2.1.1 Instructional Matrix in section 2.1). Students in these degree programs learn from both public health and their other discipline faculty. The CPHSJ works closely with the schools offering the other degrees to assure the feasibility and quality of these programs. Finally, when the SPH and SSW merged to create the CPHSJ, coordinating committees for each level of degree (undergraduate, masters, and doctoral) were developed to assure that redundancy was prevented as much as possible, consistency of policies was achieved as appropriate, and faculty expertise was utilized across degree programs. Currently, the undergraduate coordinating committee remains active, but it was determined there was no longer a need for the graduate committees. Collaboration across degree programs occurs as needed and desired.

Research: Interdisciplinary collaboration occurs within the College, across the campus, and with partners at other universities and community organizations locally, nationally and internationally. Two research interest groups, vaccine research and mental health, were created in 2014 that were attended by faculty from the PH and the SSW. These groups work together to identify research questions on which faculty and staff can collaborate. A monthly speaker series, Collaborative Research Innovative Speaker Presentations (CRISP), is aimed specifically at providing opportunities for interdisciplinary collaboration. Feedback about CRISP has been very positive, with several new collaborations having started as a result of this speaker series. Table 1.4.c provides examples of some of the collaborative research projects in the College.

TABLE 1.4.C EXAMPLES OF COLLABORATIVE RESEARCH PROJECTS

| Project | PI & Dept. | Partner Organization |
|---|-----------------------------|---|
| Improving Newborn Care at Milton Cato Memorial Hospital (07/2013 to 12/2014) | Elder, HMP | <ol style="list-style-type: none"> 1. World Pediatric Program 2. Milton Cato Memorial Hospital |
| St. Louis Prevention Research Center (9/2009 to 3/2015)* | Baker, BSHE | <ol style="list-style-type: none"> 1. Washington University in St. Louis (WUSTL) SOM and the Brown School 2. Missouri Department of Health & Senior Services (DHSS) (HF, Division of Community and Public Health, Comprehensive Cancer Control, Tobacco Control) 3. SLU CPHSJ (BSHE, BST, EPI) 4. Breakfast Club, Inc. 5. Divine Holiness Outreach Ministries 6. St. Louis City and County Health Departments 7. Trailnet 8. Healthy Parks Healthy People |
| National Children's Study (9/2007 to 3/2013) | Flick, EPI | <ol style="list-style-type: none"> 1. WUSTL 2. Southern Illinois University – Edwardsville 3. St. Louis City 4. Macoupin County 5. Battelle Memorial Institute 6. Various SLU & CPHSJ faculty (EPI, EOH, Pediatrics, OB/GYN) |
| For the Sake of All: A Report on the Health & Well-Being of African Americans in St. Louis (3/2013 to 3/2014) | Gilbert, BSHE Elder, HMP | <ol style="list-style-type: none"> 1. SLU CPHSJ (HMP) 2. WUSTL SOM and the Brown School |
| Air pollution and adverse pregnancy outcomes in Wuhan, China (11/2010 to 5/2015) | Qian, EPI | <ol style="list-style-type: none"> 1. CPHSJ faculty (EPI, EOH, BST) 2. Wuhan Medical and Health Center for Women and Children 3. University of Pittsburgh 4. Wuhan Environmental Monitoring Center 5. Geisinger Center for Health Research |
| Implementation Climate in Public Health Settings for Obesity and Cancer Control (9/2013 to 8/2015) | Stamatakis, EPI | <ol style="list-style-type: none"> 1. Missouri Institute for Community Health 2. Missouri Public Health Practice Based Research Network 3. Missouri local health departments (approx. 115) 4. WUSTL SOM and the Brown School |
| Global Health Donor Impact on Supply Chain Performance (4/2013 to 9/2013) | Gautam, HMP | <ol style="list-style-type: none"> 1. SLU School of Business 2. SLU SOM |

| Project | PI & Dept. | Partner Organization |
|--|---------------|--|
| CenteringPregnancy (1/08-4/12; 12/2014-11/2015) & CenteringParenting (12/2014-11/2015) | Xaverius, EPI | 1. Centering Healthcare Institute 2. Federally Qualified Health care Centers 3. Prenatal Care Providers 4. ICTS 5. MFH 6. St. Mary's Health Center 7. March of Dimes |

*The comprehensive list of PRC partners is over 60.

Service: Faculty and staff sit on committees throughout the CPHSJ, as well as throughout the University (ERF 1.4 Organization and Administration > Faculty Membership on University Committees).

As one example of collaborative service, the CPHSJ has been a leader in the development of the North St. Louis Initiative, a project that brings together faculty from across the campus in an attempt to better coordinate service projects in the northern neighborhoods in the metropolitan area. In fall 2013, the Initiative sponsored its first symposium that highlighted the work of faculty, students and staff who partner with community organizations that serve North St. Louis. The event highlighted over 30 posters and brought in over 200 faculty, staff, students, and community partners to view the posters. The second symposium was held in fall 2014 and highlighted 26 different projects and had 180 faculty, staff, students and community members attend the event. For the 2014 event, we invited community members to develop and present posters. President Pestello provided the welcome at the event, indicating his strong support for community service.

CCPRO provides another example of collaborative work across the University and community. It is co-chaired by faculty from the CPHSJ and medicine. Additionally, community members take a very active role in administering the center.

1.4.d. Assessment of the extent to which this criterion is met and an analysis of the school’s strengths, weaknesses and plans relating to this criterion.

This criterion is met.

STRENGTHS:

- The CPHSJ created an administrative manual that describes the structure and function of the College. It was believed that an administrative manual is more amenable to change and would contain information that is less relevant to faculty rights and responsibilities, compared to content that are normally in faculty manuals.
- The CPHSJ has clearly defined the roles of its administrators that are well-documented in the administrative manual.
- The CPHSJ has clearly defined the purposes of centers and institutes that are well-documented in the administrative manual.
- In alignment with its mission, the CPHSJ enjoys a fair amount of interdisciplinary collaboration in teaching, research, and service. Interdisciplinary work is well-supported by the CPHSJ.

WEAKNESSES:

- The CPHSJ is undergoing leadership change after five years.

PLANS:

- Dr. Don Linhorst assumed the role of interim dean and will lead the effort to assure that the CPHSJ continues to implement the strategic plan. All strategic planning committees will be in place and functioning by fall 2015.
- The University hired a consulting firm and formed a search committee to begin a national, active dean search. So that the search firm was well-informed about the kind of dean that could move the College forward, they conducted a series of meetings and town hall sessions with faculty, staff and students. The information gathered was used to develop the job announcement and to determine best avenues for advertisement. Dr. Collins O. Airhihenbuwa was named dean and will assume that position beginning January 1, 2016.

1.5 Governance.

The school administration and faculty shall have clearly defined rights and responsibilities concerning school governance and academic policies. Students shall, where appropriate, have participatory roles in the conduct of school and program evaluation procedures, policy setting and decision making.

1.5.a. A list of school standing and important ad hoc committees, with a statement of charge, composition and current membership for each.

The CPHSJ uses a collaborative model of governance. College leadership and faculty make major decisions affecting policy, operations, and resource allocation. Faculty members are engaged in governance at several levels, a governance practice that is designed to give faculty ample opportunity for input while not burdening them with time consuming administrative commitments. The leadership, academic affairs, standing and ad hoc committees, and the faculty and staff assemblies are successively broad mechanisms for engaging faculty and staff in governance. Currently, students are involved and consulted consistent with their interests and the relevancy of the issues to student affairs.

TABLE 1.5.A.1 COLLEGE-LEVEL COMMITTEES

| LEADERSHIP | |
|--|--|
| CHARGE | The Leadership Committee is the main policy making body of the College and proposes new strategies and initiatives for the College, develops strategies for activities endorsed by the faculty, reviews and advises the dean on annual operating budgets and the strategic plan of the College, and monitors progress toward the achievement of college goals. It meets twice monthly throughout the year and at the call of the dean. |
| COMPOSITION AND MEMBERS | Dean, ADs (4), Chairs and Director (6), Faculty Assembly President, Staff Representative. D. Linhorst (Interim Dean, Chair), D. Scharff (ADAA), M. Schootman (ADR), A. Garza (ADPHP and Chair, EOH), J. Fu (Chair, BST), B. Baker (Chair, BSHE), Z. Qian (Chair, EPI), K. Elder (Chair, HMP), J. Chang (Faculty Assembly President), TBD (ADFA), A. Bruce-Staudt (Staff Representative). All members are ex officio. The assistant to the dean (Lauren Allen) takes minutes of all meetings. |
| ACADEMIC AFFAIRS | |
| CHARGE | The Academic Affairs Committee supports the development of, reviews, and approves for consideration and approval by the UAAC (UG proposals) or the GAAC (graduate proposals), all academic innovations in the CPHSJ. |
| COMPOSITION AND MEMBERS | ADAA, Program Directors (11), Chairs (6), Director of Student Services, Internship Coordinators (3), student (1). Scharff, C. Baskin (Director, MPH), E. Shacham (Co-Director of PhD PHS), M. Vaughn (Director of PhD SW), J. Turner (Director, MHA), M. Counte (Director, EMHA), K. Wilson (Director, MPH-HMP), L. Arnold (Director, BSPH, BSHM, BSEM, BSBST), S. Naeger (Director, BSSW), S. McMillin (Director, MSW), N. Fern (Director, BACCJ and MSCPP), A. Wilson (Director, ABA), T. Rebmann (Director, MSBSDP), N. Culbert (Director, Graduate PH Student Services), M. Lax (HMP Internship Coordinator), C. Nolan (MPH Practice Experience Coordinator), J. Curley (Director of SSW Practicum), TBD 2015-16 (Student representative), Department chairs: Fu, Qian, Baker, Garza, Linhorst, Elder or designees. All members are ex officio with the exception of students who are self-selected by the student body. |
| PROMOTION AND TENURE, PUBLIC HEALTH FACULTY (DEPARTMENTS OF BSHE, BST, EOH, EPI, HMP) | |
| CHARGE | To evaluate promotion to Associate Professor and Full Professor and to evaluate recommendations for tenure. The committee is also responsible for the three-year review (a pre-tenure review required for all tenure-track faculty). |

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| COMPOSITION AND MEMBERS ⁽¹⁾ | Composed of six (6) members elected by the Faculty Assembly from all tenured PH faculty members. S. Rigdon (Professor, BST; Chair, non-voting), Counte,(Professor, HMP), K. Gillespie (Associate Professor, HMP) R. Lewis (Professor, EOH), Shacham (Associate Professor, BSHE), Rebmann (Professor, EOH), R. Wray (Associate Professor, BSHE). Members are voted in by faculty and the dean appoints the chair from the full professors on the committee. |
| PROMOTION AND TENURE, SSW FACULTY (SW, APPLIED BEHAVIOR ANALYSIS [ABA], CCJ PROGRAMS) | |
| CHARGE | To formulate policy on and procedures for Promotion, Rank and Tenure within the SSW; to make recommendation on all requests for conferring of credit towards promotion and/or tenure for years of work, advancement in rank and tenure of tenure track faculty, and advancement in rank for clinical and adjunct teaching faculty; make recommendation on requests for sabbatical and/ or developmental leave; and conduct midterm review of all faculty holding tenure-earning appointments. |
| COMPOSITION AND MEMBERS | All full-time tenured faculty members at the rank of Professor, two tenured Associate Professors, and one clinical faculty representative. The terms of office for the Associate Professors and the clinical faculty representative are staggered for three years. Professors: J. Birkenmaier, M. Berg-Weger, S. Tebb, Vaughn (chair); Associate Tenured Professors: D. McGuire; Clinical Professor: P. Huggins. The associate professors and the clinical faculty representative will be selected by a vote of all full-time faculty, excluding the director. The chairperson is a tenured professor selected by the committee for three years. |
| UNDERGRADUATE COORDINATING COMMITTEE | |
| CHARGE | Coordinates resources and policies between all of the UG programs to reduce unnecessary redundancy; develops, monitors, and/or modifies written policies and procedures related to the UG programs in the CPHSJ to include, but not limited to: dismissal/probation, learning outcomes, undergraduate staff roles and responsibilities and enrollment projections; nurtures the relationship between UG and graduate programs. |
| COMPOSITION AND MEMBERS | ADAA, Program Directors (3) Senior Staff Advisor, Administrative Assistants from PH and SW (2). Arnold , Naeger, Fern, Scharff, N. Floeh (Senior Staff Advisor), K. Linnenbrink (Administrative Assistant), A. Blanton (Administrative Assistant). All members are ex officio. |
| TEACHING | |
| CHARGE | Provide an environment for transformative learning that embodies the traditional strengths of Jesuit education while adapting the most current pedagogical concepts and technologies to the task of preparing individuals for successful careers in their various fields. |
| COMPOSITION AND MEMBERS | ADAA (chair), other faculty, staff and student members invited by the chair (in consultation with the department chairs) and are representative of the College Scharff (chair), P. Huggins (Associate Professor, SSW), D. McGuire (Associate Professor, SSW), A. Wilson (Assistant Professor, SSW), Rigdon, B. Emo (Assistant Professor, EOH), Rebmann, Arnold (Assistant Professor, EPI), Turner (Assistant Professor, HMP), G. Carroll (Director of Digital Media), Student TBD. Members of this committee will change beginning in the fall 2015. |
| RESEARCH ADVISORY COUNCIL | |
| CHARGE | To foster an environment in the College that supports faculty and student research, including translational research, and that assures, to the extent practicable, that the College is deliberative and creative in advancing collaborative research efforts across its several disciplines and professional interests. |

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|-------------------------|--|
| COMPOSITION AND MEMBERS | ADR (chair), faculty representatives from the five departments and the SSW that have a track record of outstanding scholarship, including external funding, Director of Research Services. P. Xaverius (Associate Professor, EPI), Rebmann, Vaughn (Professor, SSW), M. Gaynor (Professor, HMP), H. Xian (Professor, BST), M. Mancini (Associate Professor, SSW), Wray, N. Weaver (Associate Professor, BSHE), Schootman (Chair), Bruce-Staudt (Director of Research Services). The ADR and director of research services are ex officio and the faculty are invited by the ADR in conferral with the department chairs. |
|-------------------------|--|

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|-------------------------------|---|
| DIVERSITY | |
| CHARGE | Provide individuals of all backgrounds with a culturally-relevant academic experience in a welcoming and inclusive culture. |
| COMPOSITION AND MEMBERS | Chair and other faculty, staff, students, and alumnus/community member that represent the College. N. White (Associate Professor, SSW), Naeger (Assistant Professor, SSW), K. Gilbert (Assistant Professor, BSHE), Baskin (Chair, Associate Professor, EOH), K. Ong (Assistant Professor, EOH), S. Patrick (Associate Professor, EPI), Elder (Professor, HMP), Culbert, B. Backer (Director of Graduate Admission), TBD (SSW Staff), Joe Palm (Community member), TBD (SW Student), TBD (CCJ Student), Katelyn Schaefer (PH Student). Committee chair appointed by the dean and other faculty and staff invited by the dean and chair. Chairs and members identify students and alumni. Chair can invite others to the committee as appropriate. Members may change beginning in the fall of 2015. |
| CPHSJ FACULTY ASSEMBLY | |
| CHARGE | To give voice to faculty positions and concerns on all issues relating to the College and to promote the interests of the College by considering and recommending administrative action on matters concerning the operation of the College and welfare of faculty members, staff and students and actively participating in the formulation of School policy. |
| COMPOSITION AND MEMBERS | All faculty in the CPHSJ. Faculty with part-time, adjunct and secondary appointments may attend meetings and participate in discussions as non-voting members. Chang (president); McGuire (secretary). Voting members include all full-time ranked faculty members (Instructor through Full Professor) with a primary appointment in the CPHSJ. Assembly leadership is decided by faculty vote. |
| CPHSJ STAFF ASSEMBLY | |
| CHARGE | To advocate for staff interests with College leadership, to share information that contributes to an effective workplace, and to support community engagement, both internally and externally. |
| COMPOSITION AND MEMBERS | Voting members include all staff in the CPHSJ. Bruce-Staudt (Chair), C. Casey and Floeh (Past Chairs), K.Fiala (Chair-Elect), Blanton (secretary). All members are ex officio. Staff assembly leadership is decided by vote of the assembly. |

FOOTNOTES TO TABLE 1.5.A.1

(1) In 2009, the SPH did not have sufficient senior faculty to populate the committee. As an interim solution, the faculty passed an amendment to allow Department Chairs to serve on this committee, who recused themselves from voting on faculty in their department. Beginning July 1, 2015, the committee has been reconstituted according to the governance policy.

The minutes for these meetings can be found in ERF 1.5 Governance > Committee Minutes. Minutes for most of the departmental meetings are also included here. Other strategic planning committees are listed in ERF 1.5 Governance > Strategic Planning Committees. These committees were developed to assure implementation of the plan.

The minutes of the teaching and other strategic planning committees will reflect a break in activity beginning in fall 2014. After completing the work of strategic planning and initiating the implementation plans, many committee members rotated off of the strategic planning

committees to pursue other interests, and therefore strategic planning committees were inactive in AY14-15. In May 2015, when Dr. Linhorst began his tenure as interim dean, he began to assign chairs and empower them to rebuild committees. With clear guidance from him, the strategic planning committees have been reconstituted in some cases so that the work of the planning groups can be implemented by the administrative group with related functions.

Faculty Assembly Committees:

In November 2013, the president of the Faculty Assembly surveyed the members to determine priority areas of focus for the upcoming year. The most endorsed areas were, in order:

1. Rank and tenure policies
2. Faculty manual structure and content
3. Direction of College growth
4. Workload of faculty

Based in part on these findings, in spring 2014, the faculty voted to approve four subcommittees of the Faculty Assembly. These committees now provide a structure for addressing issues of importance to the faculty. The policy committee is an ad hoc committee that has undertaken the restructuring of the shared faculty manual, and as a first order of business, has proposed a revised workload policy (not yet approved) that integrates the practices and expectations of all units in the College.

The ad hoc culture committee advances discussions of shared values and conducts activities to create a shared culture of excellence. The work of the committee resulted in a values report for the College that is guidance for future discussions.

The standing executive committee is comprised of the Faculty Assembly presidents (sitting, past and elect), the Faculty Assembly secretary and the College senators and advises the current Faculty Assembly president on governance matters. The second standing committee, the elections committee, handles all voting procedures and elections of faculty to open positions (e.g., Faculty Assembly leadership, senators, tenure and promotion committees).

These committees were established in response to our growing College and the needs that arose from bringing together different units. The work of these committees has engaged a greater proportion of faculty in governance matters and has led to a greater sense of investment of all faculty in the work of the assembly. In a recent survey of faculty and staff regarding our upcoming dean transition, we had a response rate of 69%, demonstrating a high level of thoughtful engagement in our processes. While we continue to explore avenues for ensuring a truly representative governance structure, we have taken important steps toward this goal in the past two years. See ERF 1.5 Governance > Governance Documents > College Faculty Assembly Committees for membership in all Faculty Assembly committees.

Other Committees:

Many of the Departments and the SSW have committees that involve admissions and curriculum development and changes specific to the degrees supervised by those units. As many of our new degree programs are cross college (e.g., MPH-GLOH, MPH-MCH, BSPH) we recognized the need for steering committees to function as the departments historically have with regard to new programs, course development and other academic issues. See descriptions below.

TABLE 1.5.A.2 DEPARTMENT/PROGRAM-LEVEL COMMITTEES

| UNDERGRADUATE PUBLIC HEALTH STEERING COMMITTEE | |
|---|--|
| CHARGE | This committee serves an advisory and approval function for curricular and co-curricular activities related to the PH UG programs. Functions include, but are not limited to: program vision (short- and long-term) and mission in collaboration with the strategic plan and leadership team; curricular changes and updates; new course approvals; learning outcomes (development, use); program evaluation/assessment; certification of BSHM; CEPH accreditation. |
| COMPOSITION AND MEMBERS | PH UG Program Director (chair), ADAA, at least one faculty member from each department or program (5-6), PH UG Coordinators (2), at least one PH student Arnold (chair), Weaver, Scharff, Elder, M. Elliott (Assistant Professor, BST), Emo, W. Steadman (Instructor, EOH/BSEM), J. Bernstein (UG Coordinator), M. Callon (UG Coordinator), TBD (student), student for 2015-16 TBD. The Program Director, Associate Dean and Coordinators are ex officio members. The faculty representatives are chosen in consultation between the Program Director and Department chairs. The chair chooses the student representative to this committee. |
| MPH STEERING COMMITTEE | |
| CHARGE | This committee provides oversight for all curricular activities related to the MPH program. This committee meets monthly. Functions include, but are not limited to: <ol style="list-style-type: none"> 1. Create program vision (short- and long-term) and mission in collaboration with the strategic plan and leadership team 2. Develop new academic programs 3. Review new MPH curriculum, curricular changes and updates when submitted by a department 4. Approve new MPH curriculum and curricular changes when a new program is proposed outside of the department. 5. Approve new MPH courses outside of departments and review those approved by departments 6. Develop and amend MPH competencies 7. Develop and approve policies related to the MPH 8. Conduct MPH program evaluation/assessment 9. Participate in CEPH Accreditation |
| COMPOSITION AND MEMBERS | MPH Program Director (chair), ADAA, MPH Program Directors (3) and at least one faculty representatives from each department or program (8-9), practice experience/internship coordinators (2), MPH Coordinator (1), MPH Student (1) Baskin, Scharff, Wray, K. Wilson, HMP TBD, Qian (Professor, EPI), EPI TBD, A. Stuart (MPH Coordinator), Rebmann, R. Lewis (Professor, EOH), Elliott, J. Wang (Associate Professor, BST), A. Sebert Kuhlmann (Assistant Professor, BSHE/Global Health), Xaverius, Nolan, Lax, TBD (student). The program director, ADAA and coordinators are ex officio members. The faculty representatives are chosen in consultation between the program director and department chairs. The chair chooses the student representative to this committee from those who respond to a general invitation to all MPH students. |
| PHD-PHS STEERING COMMITTEE | |
| CHARGE | Codify, develop, and modify written policies and procedures; oversee selection and admissions process; assess completion of prerequisite requirements and evaluate petitions for advanced standing; supervise filing and updating Memorandum of Agreement; award and monitor graduate assistantships; administer and oversee examination process; conduct annual review of student progress. |

| | |
|---|---|
| COMPOSITION AND MEMBERS | Co-directors of PhD program (Co-Chairs), PhD Program Coordinator, a faculty representative from each of the concentrations, and the president and vice president of the PhD student association. Schootman & Shacham (co-chairs), Elder, T. Burroughs (Director, SLUCOR), Rebmann, A. Wilson (Program Coordinator, BSHE), Rigdon, M. Mueller (student), and A. Kunnerth (student). The co-chairs and program coordinator are ex officio. The faculty are invited by the co-chairs in collaboration with department chairs. |
| MPH PRACTICE EXPERIENCE ADVISORY COMMITTEE | |
| CHARGE | This committee serves an advisory and approval function for policies and guidelines related to the MPH Practice Experience (Internship). The primary activity of committee members is the approval of preceptors and sites for internships. The committee completes this activity on a regular basis through emails among the members, and it meets as needed for decisions about policy (e.g. to change the required number of hours for the practice experience from 360 to 320). |
| COMPOSITION AND MEMBERS | MPH Practice Experience Coordinator (Chair), MPH Director, MPH Practice Experience Faculty Advisors representing each department or program. All members are ex officio . C. Nolan (Practice Experience Coordinator), Baskin, E. Barnidge (Assistant Professor, BSHE), Lewis, T. Zink (Associate Professor, EOH), Patrick, Xian, Xaverius |
| DEPARTMENTAL MEETINGS | |
| CHARGE | Varies by department |
| COMPOSITION | All faculty, staff as appropriate, student representative (some departments) |

1.5.b. Description of the school's governance and committee structure's roles and responsibilities relating to the following:

GENERAL SCHOOL POLICY DEVELOPMENT

The dean holds final authority to approve College policy, ensuring that it supports the College mission and conforms to University policy. New policies and policy modifications may be proposed by an individual faculty member, a department or program, the Faculty Assembly, a standing or ad hoc committee, the dean or dean's staff, or the leadership committee (ERF 1.5 Governance >New Course or Program Approval Policy). Depending upon where they originate, policy proposals are approved first by the immediate governance unit, then forwarded to subsequent units. If the issue does not require Faculty Assembly vote, the leadership could give the final vote of approval. Alternatively, an individual faculty member could bring a policy to the Faculty Assembly, which could vote to approve. If the policy pertained strictly to faculty, the policy could be implemented without further review. If the policy requires administrative involvement, it would be taken to the dean or appropriate administrative committee for further consideration. If approved, the new policy is shared with appropriate University academic and administrative units, such as UAAC, GAAC or the provost.

Since becoming a College, we have had many discussions about which policies should be common to all units and which are more appropriately adopted by departments, and how variation in practices across units can best be reflected in college policies. Importantly, the work of the faculty is first and foremost governed by the faculty manual of the University. Thus, any effort to modify College-level policies must be consistent with those of the University. As noted, we have a newly formed policy committee of the Faculty Assembly that has addressed these and other issues.

PLANNING AND EVALUATION

The process for our most recent strategic plan was described previously. At times of major reconsideration of strategic direction, as in 2012-14, plan development was a 2 to 3 year process.

The strategic plan objectives are monitored by the respective committees and presented to the leadership committee twice a year. This process was approved in March 2015 and began in earnest in the fall 2015. Other important indicators, as listed throughout this document, are also presented to the leadership committee at least twice per year (see section 1.2). The leadership committee reviews reports and makes decisions based on these findings, as appropriate.

BUDGET AND RESOURCE ALLOCATION

Preparing for the College's budget presentation is a collaborative process, requiring the participation of key faculty and staff. The enrollment projections reflect input from the College's admissions managers, program directors and chairs. Requests for additional resources reflect the strategic initiatives of the College. The process of drafting these requests involves gathering input from the appropriate faculty and staff who have first-hand knowledge of the resources necessary for these initiatives to be successful. Historically, the dean has asked the leadership committee to work with faculty and staff to identify requests. This approach has not always filtered down to faculty and staff, however.

STUDENT RECRUITMENT, ADMISSION AND AWARDING OF DEGREES

Undergraduate: Faculty and staff included in the undergraduate programs work closely with the University's enrollment and retention team to recruit and retain undergraduate students. Admission decisions are made at the University level for entering freshmen, but the undergraduate program directors approve transfers from other academic units in the University. The undergraduate program directors certify all conferrals of degrees, which are then approved by the University registrar. Members of the undergraduate coordinating committee represent the CPHSJ at various recruitment events as needed. For example, they developed a program for the SLU 101 Orientation Program and various faculty and staff present this to new students as a way to increase interest in the College, especially among undecided students.

Graduate: Program directors, faculty admissions committees or representatives, and the directors of graduate admissions are responsible for all recruitment into their programs, and receive direct support from the University office of enrollment and retention marketing and communication. Additionally, they make admission recommendations, which are then approved by the ADAA or the director of the graduate social work program. (Accredited SSWs require that a social work leader make admissions decisions.) The associate vice president of graduate education sends letters of admission or rejection. Program directors and the ADAA certify all conferral of degrees, which are also approved by the office of graduate education. There are no College-wide recruitment committees for graduate programs. Student recruitment is managed by the directors of graduate admissions (one for PH programs and one for SSW programs) with input from committees or representatives at the program or department level. For example, the HMP department has an admissions committee that reviews applications, and in the SSW, the program or student services committee reviews applications, as needed. For the MPH, each MPH concentration has one or more faculty admission representatives who review all applications. See section 4.3 for details.

FACULTY RECRUITMENT AND RETENTION

Faculty recruitment and retention are administered at the College level and are consistent with policies and procedures described in [SLU's Faculty Manual](#) and the CPHSJ's faculty manuals (ERF 1.5 Governance Documents > PH Faculty Manual and SSW Bylaws) The PH Departments use ad hoc committees for faculty recruitment and the SSW has a standing faculty recruitment and review committee. In addition, the diversity committee is outlining policies for improving recruitment and retention of diverse faculty.

There is no one committee dedicated to increasing faculty retention. However, the newly created mentoring program (see section 3.1) is an example of activities developed at the College level to help faculty retention. Additionally, the diversity committee is working on ways to increase retention of under-represented minority faculty. Finally, chairs have historically supported faculty by providing advice for career development, course reduction their first two years, etc., which help with faculty retention.

FACULTY PROMOTION AND TENURE

See Table 1.5.A above for a description of the SSW and PH committees charge and composition. Once the committee makes a decision on promotion and/or tenure, a recommendation is submitted to the dean. He/She supports or denied the recommendation and then shares the decision with the provost. The provost agrees or disagrees with the dean's recommendation and the faculty member is notified by the dean and in writing by the provost. The specific policies regarding promotion and tenure for PH and SSW can be found in ERF 1.5 Governance > Governance Documents > PH Faculty Manual and SSW Policies, Norms and Practices for Promotion and Tenure.

ACADEMIC STANDARDS AND POLICIES, INCLUDING CURRICULUM DEVELOPMENT

Faculty participate in all levels of academic standards and policies including their development and approval. During the 2013-14 academic year (as we first became the CPHSJ), the academic affairs committee and the Faculty Assembly approved a new policy for the development and approval of new courses, academic programs, and academic policies. Each department, school or program develops, reviews and approves policies prior to going to the academic affairs committee (ERF 1.5 Governance > New Course or Program Approval Policy). For degrees that are not administered by a department (e.g., MPH-MCH, MPH-GLOH, BSPH, BSHM, BSEM and BSBST), the PH undergraduate and MPH steering committees review and approve new or revised programs and courses. For the degrees that are administered by the departments, curricular changes come through the steering committees for advisement and before they go to the academic affairs committee.

The University Office of Graduate Education is directed by the associate vice president for graduate education. This office is located within the office of academic affairs and all graduate programs in the CPHSJ are required to adhere to its guidelines. The College is expected to maintain at least the minimal standards, which are guided by the GAAC and outlined in the University graduate catalog. Colleges are allowed to set and expect students to adhere to more stringent standards, as long as they are clearly outlined in the Colleges' graduate student handbooks. New or significantly modified programs are required to gain approval by GAAC and the University Board of Trustees (new programs only.) The College monitors students' GPA to assure the maintenance of the required 3.0 for good academic standing.

Similarly, the University has an associate vice president for undergraduate education through the office of academic affairs who chairs the UAAC. Likewise, this committee reviews and approves new or substantially changed academic programs. The University registrar monitors the maintenance of a 2.0 GPA to remain in good academic standing in the University. The BSPH, BSHM, BSEM and BSBST require the maintenance of a 2.5 GPA to be in good academic standing.

RESEARCH AND SERVICE EXPECTATIONS AND POLICIES

Research and service expectations are set by the College. Most faculty are expected to be engaged in scholarly activities and service activities, although the specific allocation of effort toward these activities varies across faculty, depending on faculty strengths and department and program needs for teaching. Overall, the CPHSJ explicitly values balanced efforts across all faculty functions and has described a “typical” workload as 40% teaching, 40% research, and 20% service and administration as appropriate for individual faculty members. These expectations are outlined in the PH faculty manual and the SSW bylaws found in ERF 1.5 Governance > Governance Documents > PH Faculty Manual and SSW Bylaws.

The most recent workload policy was developed by the policy committee of the Faculty Assembly, presented to the College leadership, and then brought back to the faculty. At the time of printing, the final version had not yet been approved (ERF 1.5 Governance > Governance Documents > Draft Workload Policy.)

Workload allocation also accounts for circumstances where the budgeted FTE does not fully cover faculty salary. This effort is described as “in-kind,” and the faculty time and effort report reflects this accordingly. This is the case for a) unfunded research, b) internal research grants for which faculty salary is not an allowable cost (e.g., President’s Research Fund) or c) when the budgeted research time on a grant is not sufficient for the faculty member to perform the necessary research activities.

In cases where a faculty member plans to devote substantial effort toward publishing or grant development and submission, this may be considered when planning the faculty member’s workload for the year. In other words, the Chair and the faculty member may decide that it is in the best interest of the faculty member to reduce teaching or service obligations in order to focus on research productivity. Similarly, they may decide that it is appropriate for a faculty member to carry a heavy administrative load, in which case expectations for teaching and generating research products would be reduced. Note that in most cases, it is not appropriate for pre-tenured faculty (after year two) to have reduced expectations for research and teaching. In cases where teaching load has been reduced to allow for these activities, faculty must demonstrate productivity in these areas during the annual performance review.

1.5.c. A copy of the school’s bylaws or other policy documents that determine the rights and obligations of administrators, faculty and students in governance of the school.

Documents that describe the rights and responsibilities of administrators and faculty:

BYLAWS (ERF 1.5 GOVERNANCE > GOVERNANCE DOCUMENTS)

- CPHSJ Faculty Assembly Bylaws
- CPHSJ Faculty Assembly Bylaws Addendum
- SSW Bylaws

MANUALS

- CPHSJ Administrative Manual DRAFT (ERF 1.4 Organizational and Administration)
- PH Faculty Manual (ERF 1.5 Governance > Governance Documents)
- [SLU Faculty Manual](#)

Documents that describe the rights and obligations of students are:

CATALOGS (ERF 4.3 STUDENT RECRUITMENT AND ADMISSIONS)

- [SLU Graduate and Undergraduate Catalogs](#)
- CPHSJ Graduate and Undergraduate Catalogs AY15-16

HANDBOOKS (ERF 1.5 GOVERNANCE > STUDENT HANDBOOKS)

- ABA Student Handbook
- BACCJ Handbook
- BSBST, BSEM, BSHM, BSPH Student Handbook
- BSSW Program Handbook
- CPHSJ Graduate PH Student Handbook
- MSCPP Handbook
- MSW Student Handbook
- PhD PHS Handbook
- PhD SW Handbook
- [SLU Student Handbook](#)

1.5.d. Identification of school faculty who hold membership on university committees, through which faculty contribute to the activities of the university.

Faculty and staff in the CPHSJ have active participation on University committees. Over 30 University committees have representation from the PH faculty and over 15 University committees have SSW representation. Twenty-five PH and six SSW faculty participate on at least one University committee. We have four faculty representatives on the University Faculty Senate. These individuals provide reports back to the CPHSJ Faculty Assembly at each of its meetings and represent the College faculty at the University Faculty Assembly. The full committee list and participation can be found in ERF 1.4 Organization and Administration > Faculty Membership on University Committees.

1.5.e. Description of student roles in governance, including any formal student organizations.

As we conducted our self-study process, we recognized that although we provided opportunities for students to offer input into the curriculum and other College activities through the student organizations, we had not provided them an opportunity to sit on other important committees such as academic affairs, strategic planning, some steering and departmental meetings. Therefore, beginning in fall 2014, we invited student representation on academic affairs, diversity, all steering committees, and some departmental/school meetings. Their role is to provide student input as appropriate and vote on non-curricular issues. The PhD PHS steering committee has continually had student representation with voting rights on non-curricular issues.

Students are invited to participate in committees by way of the student leaders, as ex officio members given their role in a student organization, or through email newsletter invitation to all students, as appropriate. For example, the BSHE students were sent a request for a student to sit on the BSHE departmental meetings. Student representatives to the PhD PHS steering committee are the president and vice president of the Public Health Doctoral Student Association.

There are ten student organizations that represent each of the academic programs, and a student arm of Rotary International, Rotaract. The organizations are:

- International Association of Emergency Managers
- Master of Social Work Student Association (MSW and MSABA students welcome)
- PhD SW Student Association
- Public Health Doctoral Student Association (PHDSA)
- Public Health Undergraduate Student Association (PHUSA) now the Public Health Club (PHC)
- ROTARACT
- Saint Louis University Applied Behavior Analysis (currently no leadership)
- Social Work Student Association (BSSW students welcome)
- Student Association for Health Management & Policy
- Student Association for Public Health (SAPH)

Elected leaders meet monthly with the director of student services with the goals of improving communication, expand collaboration and strengthen community among the students and student groups.

The charge and example activities for the three public health student organizations are listed in Table 1.5.E below:

TABLE 1.5.E PUBLIC HEALTH STUDENT ORGANIZATIONS

| Organization | Charge | Example Activities |
|--|---|---|
| PHUSA (changing to Public Health Club [PHC] in September 2015) | To provide SLU CPHSJ undergraduate students or those simply interested in the topic with an opportunity to further develop their passion for population health issues; reach out to other SLU organizations to collaborate and plan activities; plan National Public Health Week (NPHW) activities; work with the College to provide resources to students looking for professional development skills. | <ul style="list-style-type: none"> - SLU Make a Difference Day - NPHW - Service events - PH-related speakers |
| SAPH | To be a graduate level organization where students interested in issues concerning the graduate experience can organize and pursue common goals and interests in the following areas: scholarship, social, service, professional development, program improvement, and student life. | <ul style="list-style-type: none"> - Semi-annual blood drive - Community Service with STL community partners (various events) - Fireside Chats - Professor Round Tables to Discuss Targeted research areas - PH Field Trips - PH Internship Lists/Help Forums - Fundraising Events for SAPH - Group Exercise classes - Spring Soiree - Chili Cook-off - Ugly Christmas Sweater Event - Annual American Public Health Association (APHA) information support - Welcome to STL Social Events - Great STL Cake Race - Graduate Student Research Symposium |
| PHDSA | To serve the needs of doctoral students in the CPHSJ at SLU. This organization is designed to facilitate the best possible student experience through the following: promotion of a student voice in the academic and administrative aspects of the program; encouragement of intellectual pursuits; and, provision of support and opportunities for students to interact with peers and mentors at the social, organizational, and community levels. | <ul style="list-style-type: none"> - Annual Mary Gumble Levy Lecture - Graduate Student Research Symposium - PhD Student Symposium - Professional Development Lunches and Lectures (Brown Bag Lunch Series) - Social events |

The charge and activities or by-laws for the other organizations can be found in ERF 1.5 Governance > Student Organizations.

The SLU Graduate Student Association is open to MPH, MHA, MSBBDP, MSCPP, MSABA, PhD PHS, and PhD SW students. All undergraduate students are members of the Student Government Association.

The CPHSJ student honor societies are:

- Alpha Sigma Nu: Saint Louis University Jesuit Honor Society
- Delta Omega: Public Health Honor Society
- Gamma Beta chapter (founded in 2014) of Alpha Phi Sigma (founded in 1942): National Criminal Justice Society
- Tau Mu chapter (founded in 2013) of Phi Alpha: Social Work Honor Society

CPHSJ students have appropriate participatory roles in the conduct of the school and program evaluation procedures, policy setting and decision-making. Students have representation on the academic affairs committee, diversity committee, strategic planning committees and steering committees, and attend some of the departmental meetings. Social work has a monthly forum with all faculty and staff on which there is also student representation. Students participate in ad hoc committees, such as the academic hearing committee and the covenant revision committee. In addition, both the strategic plan and this document have been shared with students to gain their input. Finally, students are periodically surveyed and/or attend focus groups to assess satisfaction with instruction, advisement and field experiences. For example, new students are surveyed shortly after orientation to assess their experiences during application, admission, orientation, and early advising, affording us the opportunity to evaluate and revise these processes, as appropriate.

Through the student organizations, student leaders and their constituents provide perspectives on instruction via the program improvement chair, an elected position, and the chair's committee. Each year the committee reviews components of the curriculum and/or individual courses and provides College leadership with their findings and recommendations.

Student input is frequently solicited on all critical aspects of curriculum, including feedback on field experiences and careers. For the last seven years, PUBH5900 Public Health Rounds, a course that addresses career planning, career skill development and an introduction to the practice experience, has been offered in the first semester of the MPH program. Evaluations of this course, including student comments, have guided its evolution to be more responsive to student interests. The course presented through the 2014-15 academic year continued to focus on information about career skills and field experiences in the classroom, but allowed students to choose from the wide array of presentations and speakers within the College, the University and the larger community to pursue their own interests and passions. They were encouraged to use these events as networking opportunities to develop contacts that may lead to internships or jobs. Based on additional student input, this course has been modified for the 2015-16 academic year. See the PUBH5900 syllabus in ERF 2.3 Public Health Core Knowledge > Syllabi.

Other changes that have occurred in recent years in response to student input are:

- Posting a list of past internship opportunities online to allow students to pursue options independently before getting final approval from the faculty advisor.
- Having an annual meeting to discuss internships geared especially for international students, with special emphasis on visa issues and other challenges.
- Posting all information and paperwork for internships on both the College website and on Blackboard.

- Having a discussion in conjunction with the annual internship poster presentation, giving students at all stages of their internships the opportunity to ask questions and make suggestions.
- Increased student engagement in planning and participating in orientation events, including the introduction of an annual college picnic.
- Distributing a weekly newsletter to communicate more effectively and efficiently.
- Developing new and sustaining service partnerships.

1.5.f. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

This criterion is met with commentary.

STRENGTHS:

- The CPHSJ has clearly defined committee structures, roles and compositions to describe College governance.
- The CPHSJ has developed an administrative manual that is separate and unique from the faculty governance manuals and by-laws. These documents are posted on the Faculty Assembly Blackboard site.
- The CPHSJ has staff representation on the College leadership and academic affairs committees, as well on the undergraduate PH, MPH, and PhD steering committees.
- Faculty participate on a number of University committees allowing the CPHSJ to have a voice in University business and decision-making as appropriate.
- Students are represented on academic affairs and steering committees and attend some departmental faculty meetings either regularly or as invited. The students have a number of opportunities and forums through which to provide feedback on curriculum.

WEAKNESSES:

- The CPHSJ developed several committees during strategic planning as a way to assure that the strategic plan is implemented and evaluated. We recognize that this causes additional work for both faculty and staff, which can lead to burn-out and resistance to further College committee/task force participation.
- The CPHSJ has not consistently had student representation on some of its standing and strategic committees. Diversity is the only strategic committee that has community representation.
- Most of the strategic planning committees (with the exception of diversity and research) have not been active in the 2014-15 academic year.
- Faculty and staff collaborate across PH and SSW especially regarding research; however, we lack a systematic mechanism that encourages more collaboration in teaching, research and service.
- There are a number of policies, procedures, and cultural issues that we have discovered over the last two years that require attention and decisions to determine whether overarching or separate policies should be developed.

PLANS:

- We are actively discussing ways in which we can accomplish our goals with fewer standing committees. Interim Dean Don Linhorst has committed to help us identify the most efficient mechanism to accomplish this task by December 2015.
- The CPHSJ will assure student representation on the standing committees beginning in the 2015-16 academic year. The College will determine the committees on which community representation is most appropriate and invite community members to those groups.
- All strategic planning committees have chairs and they will begin to re-populate their committees and meet monthly beginning in the 2015-16 academic year.
- The CPHSJ began a process of shared values identification beginning at the January 2015 retreat. This work continues electronically and at the August 2015 retreat. We believe this process will help us coalesce better as a College and stimulate a mechanism for increased collaboration within the CPHSJ across the PH departments and SSW.
- The CPHSJ identified two policies to date that are deemed appropriate to span across the College: academic integrity and grievance procedures. Each issue was assigned a task force to develop common policies to be presented to appropriate approval bodies. Final approval of the new policies were due at the end of the spring 2015 semester. The grievance task force decided that separate grievance procedures will continue, although each was reviewed and parallels were identified and added to the policies. The academic integrity task force did not come to consensus on a single policy. The University, however, introduced its new academic integrity policy for fall 2015, which requires each unit to have a single set of procedures that align with the policy. A task force will be developed to create the set of shared academic integrity procedures beginning fall 2015.

1.6 Fiscal Resources.

The school shall have financial resources adequate to fulfill its stated mission and goals, and its instructional, research and service objectives.

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- 1.6.a. Description of the budgetary and allocation processes, including all sources of funding supportive of the instruction, research and service activities. This description should include, as appropriate, discussion about legislative appropriations, formula for funds distribution, tuition generation and retention, gifts, grants and contracts, indirect cost recovery, taxes or levies imposed by the university or other entity within the university, and other policies that impact the fiscal resources available to the school.**
-

DESCRIPTION OF THE BUDGET AND ALLOCATION PROCESSES

The budgeting process for the CPHSJ is done on an annual basis and typically occurs in the fall for the coming fiscal year which begins July 1.

BUDGET MODEL AND BUDGETING FOR NEW INITIATIVES

The University currently utilizes an incremental budgeting model as the College starts with its prior year's budget as a foundation and then proposes adjustments to that budget basis. Increases to the budget are generally tied to the addition of new programs or other expense obligations being taken on by the College. In order to request an increase in the budget base, the College submits proposals regarding new initiatives that will require new resources or the reallocation of existing resources. Because the overall budget of the University is dependent upon tuition, proposals for new initiatives are often tied to the ability to bring in additional tuition revenue. These proposals are reviewed by the University's academic affairs and the business and finance offices for recommendation to the Board of Trustees. The overall University budget is approved by the Board of Trustees.

TUITION REVENUE

Tuition revenue is the main source of income for the College. The budget for tuition is based upon the annual enrollment projections that occur in the fall for the coming academic year. These projections are based upon estimates provided by the College's chairs and program and admissions directors, which are also analyzed by the College administration for feasibility. These projections are then forwarded to the University's academic affairs and business and finance offices for evaluation. The College's projections act as a basis for the tuition revenue expectations, but these can be adjusted in the final budget review by the University.

GIFTS AND ENDOWMENT

The College has an Annual Fund campaign to which contributions are made by alumni and other supporters. The University retains 12% of these funds as an overhead assessment. The Annual Fund is used to support special one-time opportunities, infrastructure investments, and other special projects.

1 COST RECOVERY

As of fiscal year 2011, the University changed its indirect cost distribution policy. The policy requires that the University recover a targeted-level of facilities and administration (F&A) reimbursement to offset University operational expenses before a significant sharing of indirect cost recovery occurs. This targeted level of F&A reimbursement recovery for the University's operational needs has been set at \$7,500,000.

The policy sets a 60/40 split related to F&A reimbursement the point at which the University's operational needs target is met. Given the \$7,500,000 target for the University's portion, this translates into an overall goal of \$12,500,000 in F&A reimbursement to trigger the 40% split with others in the University community.

If the \$12,500,000 overall F&A reimbursement goal is met, 60% is retained by the University and 40% is distributed in the following manner: 25% to the Principal Investigator (PI), 35% to the PI's department, 35% to the College, and 15% to Research Administration.

Since the creation of this policy, the University has struggled to meet the \$12,500,000 overall target. Given that, the indirect cost recovery distributions have been less robust than the policy that is described above. Until the University recovers the \$7,500,000 offset for operational expenses, indirect cost recovery distributions are minimal. The PIs receive 5% quarterly and the department, College, and office of research and innovation may receive a distribution once a year based upon annual F&A reimbursement results. In order to assure that the University's operating expense needs are met, the policy states that the distribution formula will be reduced.

These changes in policy have not impacted the College's budget significantly. The College's reliance on indirect cost recovery has changed dramatically during the period since the last accreditation. These changes will be discussed in the introduction to Table 1.6.1.

In order to be transparent regarding the level of indirect cost recovery earned as opposed to retained by the College, indirect cost recovery earned from extramural funding is broken down accordingly in Table 1.6.1. Additionally, in order not to misrepresent the level of College operational expenses, there is no expense allocation offset for the indirect cost recovery retained by the University included in Table 1.6.1.

OPERATIONAL EXPENSES

College-Controlled Expenses

The College does not receive all of the tuition that it earns; it only receives a portion of the revenue it generates to spend in the form of an operational expense budget allocation. This allocation represents costs that the College can control through its spending practices. These controllable expenses are the expenses reflected in Table 1.6.1.

University-Controlled Expenses

There are expenses directly related to the work of the College that the College does not control; these are managed centrally by the University. These expenses can be significant and include such things as undergraduate financial aid, undergraduate instructional costs for courses taken outside of the College, as well as overhead costs.

The operational surplus that the College generates (i.e., revenues less controllable expenses) is utilized to cover the expenses that the University controls but benefit the College.

As the academic programs have grown over the last seven years, it *appears* based upon the results shown in Table 1.6.1, that the College’s contribution back to the University has grown disproportionately. However, that is not the case. The primary reason that the College’s contribution looks disproportionate is the fact that the University’s budgeting model excludes two key direct expenses related to undergraduate education from the College’s budget allocation. The first is undergraduate financial aid. These costs are controlled by the University’s central financial aid office. The second relates to the cost of courses taken by undergraduate students outside of the College. Under the University’s current revenue recognition model, 100% of the undergraduate tuition revenue for a student is recognized by the academic unit that administers the student’s major. That means that the College is credited all of the tuition for a student that has declared one of our majors - despite the fact that the student might spend an entire semester taking courses in the College of Arts and Sciences, for example, to fulfill core requirements.

Once a year in preparation for the budget process, the University’s business and finance office creates an internal report to demonstrate the performance of each academic unit, taking into account the impact of these expenses. The report shows the unit’s total direct expenses for its student population, including undergraduate financial aid as well as an allocation of expense to account for the educational costs associated with courses taken outside of the College. This shift in expenses to the unit that received the revenue for the student but incurred no instructional costs is referred to as the taught-taken allocation.

Both undergraduate financial aid expense and the taught-taken allocation represent significant direct expenses related to our undergraduate population that are not included in the College budget. From the University’s perspective, these are expenses that the academic unit cannot control. Therefore, they are excluded from the unit’s budget. However, it is critical to include a discussion of this issue here in order to provide a context for the numbers represented on Table 1.6.1. Without this understanding, the operational surpluses represented could be misconstrued.

To demonstrate the impact of these expenses, the results for fiscal year 2014 including these items are shown below. This example illustrates the University’s utilization of the College’s operational surplus.

Fiscal Year 2014 Results

(shown in thousands)

| | |
|---|----------|
| Operating Surplus per Table 1.6.1 | \$12,548 |
| Less: | |
| Undergraduate Financial Aid* | 8,335 |
| Taught Taken Allocation* | 2,334 |
| Remainder represents College’s Contribution to Overhead | \$ 1,879 |

*These numbers are excluded from the College’s budget. Therefore, they are not represented in Table 1.6.1.

INTRODUCTION TO TABLE 1.6.1

The main sources of revenue support for the College have shifted significantly since the last accreditation, and that shift is strikingly apparent in reviewing Table 1.6.1. Whereas grants and contracts acted as the primary source of funding at the beginning of this review cycle (approximately 74% of revenue in 2008), tuition currently acts as the primary funding source for the College (approximately 86% in 2014).

The College recognizes that this type of dramatic shift in revenue sources during such a short time frame is not the norm. It occurred, in part, due to a business disruption in 2008 that forced the School to rethink its strategy. It lost a core group of key faculty with significant grant support during a time of high dependence on extramural funding.

In the years that followed, the SPH showed both resourcefulness and resilience, focusing its efforts on creating a foundation of quality educational degree programs that provided a strong basis of tuition revenue. As this tuition base grew, so too did the investment in the SPH by the University.

Tuition revenue funds the College's unrestricted budget allocation from the University for salaries and general operating expenses. As the College has shifted from being primarily grant-funded to tuition-driven, the University has increased its level of faculty salary support. Currently, the University provides approximately 95% of full-time faculty salaries whereas this percentage was only 63% during the period of our last accreditation. The remaining balance of full-time faculty salary expense is covered by extramural funding. The University also provides 100% support for staff working for the College and 100% support for new faculty positions. In addition, the University funds 100% of salary increases for faculty and staff according to the University's annual cost of living and merit pool.

University-wide budget increases for unrestricted operations have been limited. However, the University has been generous and supportive of the College as it added a significant number of new degree programs. With the addition of each academic program, the College requested both new faculty and staff positions as well as an increase in general expenses. This has resulted in a significant increase in unrestricted budget allocation for general operations. The budget allocation for general expenses supported by tuition revenue over the review period increased by 1480% (from \$59,000 in 2008 to \$932,000 in 2015). (Note: These numbers exclude operational expense data for the SSW in order to highlight the University's investment in PH over the last eight years.)

Then, in FY2014, the SPH and SSW merged to create the CPHSJ. This organizational change strengthened the College's financial position, doubling the tuition revenues of this academic unit and increasing its profit margin.

1.6.b. A clearly formulated school budget statement, showing sources of all available funds and expenditures by major categories, since the last accreditation visit or for the last five years, whichever is longer.

TABLE 1.6.1 SOURCES OF FUNDS AND EXPENDITURES BY MAJOR CATEGORY, FISCAL YEAR 2008 – 2015^(A)

| | FY2008 | FY2009 | FY2010 | FY2011 | FY2012 | FY2013 | FY2014 | FY2015 |
|---|-------------------|--------------------|-------------------|--------------------------|-------------------|---------------------------|-------------------|--------|
| SOURCE OF FUNDS | | | | | | | | |
| Gross Tuition & Fees | 4,307,985 | 3,867,504 | 4,961,072 | ^(B) 7,682,736 | 10,612,685 | ^(C) 13,893,162 | 28,298,818 | |
| Grants & Contracts (Direct) ^(D) | 10,904,212 | 6,952,784 | 6,051,106 | 6,191,831 | 9,348,879 | 4,376,586 | 2,663,917 | |
| Indirect Cost Recovery – Retained by College, Depts, & Pls | 270,099 | 690,981 | 162,410 | 239,463 | 280,859 | 50,083 | 127,086 | |
| Indirect Cost Recovery – Retained by University | 2,512,709 | 454,783 | 778,169 | 708,899 | 902,544 | 740,596 | 349,199 | |
| Training & Continuing Education Program Revenue ^(F) | 349,930 | 421,578 | 392,601 | 248,635 | 273,998 | 571,045 | 544,211 | |
| Other Designated Revenue | 61,597 | 64,368 | 112,407 | 104,907 | 127,586 | 131,351 | 474,386 | |
| TOTAL REVENUE | 18,406,532 | 12,451,998 | 12,457,765 | 15,176,471 | 21,546,551 | 19,762,823 | 32,457,617 | |
| EXPENDITURES | | | | | | | | |
| Faculty Salaries & Benefits | 2,637,401 | 3,198,687 | 3,722,857 | 3,890,432 | 5,714,275 | 6,149,260 | 10,405,171 | |
| Staff Salaries & Benefits | 1,121,137 | 984,332 | 973,421 | 1,650,663 | 1,839,701 | 2,268,334 | 3,032,001 | |
| Graduate Assistants & Student Workers | 17,565 | 25,955 | 46,815 | 443,807 | 528,848 | 638,167 | 771,938 | |
| Graduate Financial Aid | 924,264 | 793,746 | 910,767 | 705,759 | 707,822 | 812,982 | 1,551,528 | |
| Operations | 37,331 | 103,269 | 137,944 | 364,955 | 697,251 | 509,437 | 890,766 | |
| Grants & Contracts (Direct Expenses) | 10,975,155 | 7,069,566 | 6,051,106 | 6,192,955 | 9,349,879 | 4,376,586 | 2,663,686 | |
| Training & Continuing Education Program Revenue | 462,002 | 425,071 | 329,707 | 310,937 | 286,547 | 465,751 | 456,349 | |
| Other Designated Expenses ^(G) | 913,733 | 1,079,216 | 889,545 | 542,106 | 16,446 | 67,877 | 137,382 | |
| TOTAL EXPENSE | 17,088,588 | 13,679,842 | 13,062,162 | 14,101,614 | 19,140,769 | 15,288,394 | 19,908,821 | |
| OPERATING SURPLUS/(DEFICIT) | 1,317,944 | (1,227,844) | (604,397) | 1,074,857 | 2,405,782 | 4,474,429 | 12,548,796 | |
| OTHER KEY FINANCIAL INFORMATION | | | | | | | | |
| Tuition-Driven Operational Results - Surplus/(Deficit) ^(E) | 356,450 | (587,989) | (70,859) | 627,119 | 1,124,788 | 3,514,981 | 11,647,414 | |

DATA TO BE PROVIDED AT SITE VISIT

FOOTNOTES TO TABLE 1.6.1

(A) Data for fiscal years 2008 through 2013 represents data for the SPH only. Fiscal Year 2014 onward represents CPHSJ data (i.e., SPH and SSW combined). In FY 2014, \$22.1 million of the total revenue and \$15.7 million of the total expenses were related to PH activities.

(B) In fiscal year 2011, the HM Undergraduate and the PH Undergraduate programs began. Enrollment in the HM program has been as follows: FY 2011: 31 students, FY 2012: 55 students, FY 2013: 82 students, FY 2014: 123 students, and FY 2015: 146. Enrollment in the PH undergraduate program has been as follows: FY 2011: 30, FY 2012: 75 students, FY 2013: 121 students, FY 2014: 158 students, and FY 2015: 161 students. Source data for student headcount information provided by the OIR.

(C) In fiscal year 2013, the College added one new undergraduate degree program and one new graduate degree program. The EM Undergraduate program began with enrollments as follows: FY 2013: 4 students, FY 2014: 22 students, and FY 2015: 23 students. In addition, the EMHA program began with enrollments as follows: FY 2013: 17, FY 2014: 34 students, and FY 2015: 44 students. Source data for student headcount information provided by the OIR.

(D) The level of Grants and Contracts revenue has changed over this period. The significant decrease in this source of funding primarily tracks three events. The first occurred in 2008 when the SPH lost key faculty members who had significant extramural funding. The impact of this can be seen in comparing the funding levels of fiscal years 2008 and 2009. The second event relates to the loss of the National Children's Study, the effect of which can be seen by comparing fiscal years 2012 and 2013. The third involves the loss of the Prevention Research Center. The decrease in funding between fiscal years 2013 and 2014 primarily reflects this change.

(E) The net results related to the College's tuition-driven operations (also known as unrestricted operating results) – whether a surplus or a deficit – are absorbed by the University. In return, the University covers undergraduate financial aid expenses, the cost of educational expenses for courses taken by students outside the College (i.e., the taught-taken allocation), as well as facilities and administrative costs. For further information regarding the utilization of surplus dollars by the University, see explanation under 1.6.a, Operational Expenses, University-Controlled Expenses.

(F) Other designated revenues include student organization fees and fundraising, development funds, and internal research programs, e.g., Presidential Research Funding (PRF).

(G) Other designated expenses come from indirect cost recovery from grants and contracts, start-up funding for new faculty, student organization operating expenses, Dean's fund, internal research program funds, e.g., PRF, and development funds.

1.6.c. If the school is a collaborative one sponsored by two or more universities, the budget statement must make clear the financial contributions of each sponsoring university to the overall school budget. This should be accompanied by a description of how tuition and other income is shared, including indirect cost returns for research generated by school of public health faculty who may have their primary appointment elsewhere.

NA

1.6.d. Identification of measureable objectives by which the school assesses the adequacy of its fiscal resources, along with data regarding the school's performance against those measures for each of the last three years.

Building the academic degree program portfolio of the College has allowed us to strengthen our financial position and create financial stability within the organization, including a consistent financial base for faculty salary support. Growing our tuition-based revenue in the current environment of decreasing extramural funding opportunities has been key to the College's success over the last four years and has provided an excellent foundation upon which to grow.

The primary way for the College to ensure its financial stability moving forward is to achieve a more balanced composition of revenue streams. Diversifying revenue sources is a critical strategic goal, especially considering the financial pressures facing higher education institutions. Therefore, the College is dedicated to enhancing its research infrastructure as a means to improve its extramural funding opportunities. This initiative is reflected in the College's strategic plan.

The College has set a goal to reach \$10 million in extramural funding by 2022. This represents an increase of approximately \$7 million from fiscal year 2014 performance. However, it is also a target that we have achieved in the past.

Currently, over 86% of our revenue comes from tuition. If we achieve \$10 million in extramural funding by 2022, the percentage of revenue from tuition is estimated to be approximately 75%.

At this point, our tuition-based revenue is so significant that changing the proportions will take time, dedication, and institutional-focus on the research platform of the College.

The period from 2008 through 2015 marked a time of significant growth in academic programs, but the next seven years will have a different focus. This shift is reflected in the outcome measures the College has chosen to assess its financial performance over this period. Whereas the objectives tracking research-related measures target significant growth, the measures related to academic programs set targets to achieve low to moderate growth.

The outcome measures in Table 1.6.D reflect the financial goals for the College over the next seven years.

TABLE 1.6.D OUTCOME MEASURES FOR FISCAL RESOURCES

| Outcome Measure | 7 Year Target FY2015 - FY2022 | FY2013 ⁽¹⁾ | FY2014 ^(2,3) | FY2015 ⁽⁴⁾ |
|---|----------------------------------|-----------------------|-----------------------------|-----------------------------------|
| Faculty Salary Recovery from Extramural Funds (includes fringe) | \$2,000,000 | \$650,130 | \$867,930 | DATA TO BE PROVIDED AT SITE VISIT |
| Total Revenue from Extramural Funds ⁽³⁾ | \$10,000,000 | \$5,167,265 | \$3,140,202 | |
| % of Revenue from Tuition | 65% - 75% | 70% | 87% | |
| % Growth in Full Time Equivalent (FTE) Students (See Student Enrollment Data Table 4.3.2 for additional information) | 3 – 5% | Not Applicable | Base Year Data: 12.9% | |
| % Growth in Annual Fund Giving | 5% or more | Not Applicable | Base Year Data: \$34,796 | |

FOOTNOTES TO TABLE 1.6.D

- (1) Fiscal Year 2013 represents SPH data only. As such, this year skews the trend data. Fiscal Year 2014 acts as the base year for the CPHSJ.
- (2) Fiscal Year 2014 onward represents CPHSJ data (i.e., PH Departments and SSW combined).
- (3) The reduction in extramural fund revenue between FY13 and FY14 reflects the loss of the National Children’s Study.
- (4) The reduction in extramural fund revenues between FY14 and FY15 reflects the loss of the Prevention Research Center.

1.6.e. Assessment of the extent to which this criterion is met and an analysis of the school’s strengths, weaknesses and plans relating to this criterion.

This criterion is met.

STRENGTHS:

- The College has a solid base of academic programs for tuition revenue as well as a strong level of support from the University.
- Enrollments have been steady in recent years, and the addition of the SSW provides significant opportunities for research collaboration and innovative programming.

WEAKNESSES:

- Most revenue comes in the form of tuition, creating little diversification.

PLANS:

- Enhancing research plays a significant part in the College’s strategic plan. The College has begun to focus efforts to increase extramural funding, which should help support our revenue diversification goal.

1.7 Faculty and Other Resources.

The school shall have personnel and other resources adequate to fulfill its stated mission and goals, and its instructional, research and service objectives.

1.7.a. A concise statement or chart defining the number (headcount) of primary faculty in each of the five core public health knowledge areas employed by the school for each of the last three years.

The CPHSJ provides adequate faculty staffing as required by CEPH that allows us to accomplish our mission. Currently, we have one faculty (in the epidemiology department) who is responsible for the MPH-MCH program and one faculty (in the behavioral science department) devoted to the MPH-GLOH program. Other faculty contribute to these programs by teaching courses, guest lecturing, advising students, etc.

TABLE 1.7.1 HEADCOUNT OF PRIMARY FACULTY FOR EACH OF THE 5 CORE PUBLIC HEALTH KNOWLEDGE AREAS

| | AY12-13 | AY13-14 | AY14-15 | AY15-16 |
|--|----------------|----------------|----------------|----------------|
| Behavioral Science ⁽¹⁾ | 8 | 8 | 10 | 11 |
| Biostatistics | 5 | 6 | 6 | 6 |
| Environmental and Occupational Health ⁽²⁾ | 9 | 10 | 10 | 10 |
| Epidemiology ⁽³⁾ | 7 | 10 | 10 | 8 |
| Health Management & Policy ⁽⁴⁾ | 16 | 17 | 18 | 17 |
| Total | 45 | 51 | 54 | 52 |

FOOTNOTES TO TABLE 1.7.1

(1) In AY14-15 & 15-16, headcount includes one faculty who works primarily with the global health MPH program and students. Effective AY15-16, headcount includes CPHSJ Dean Collins Airhihenbuwa.

(2) Headcount includes BSDP faculty. Beginning AY13-14, headcount includes William Steadman, who teaches only in an undergraduate program, but who has an appointment in EOH.

(3) In AY12-13, 13-14 & 14-15, headcount includes CPHSJ Dean Edwin Trevathan. Headcount includes one faculty who works primarily with maternal & child health MPH program and students. Dean Trevathan left the CPHSJ and one faculty retired effective AY15-16.

(4) AY15-16 headcount reflects the departure of four faculty: 2 left for positions at different SPHs and two retired. Two new junior faculty were hired. For all four years, headcount includes Kevin Syberg, who teaches only in an undergraduate program, but who has an appointment in HMP.

1.7.b. A table delineating the number of faculty, students and SFRs, organized by department or specialty area, or other organizational unit as appropriate to the school, for each of the last three years (calendar years or academic years) prior to the site visit.

Tables 1.7.2.A and 1.7.2.B list the graduate and undergraduate student/faculty ratios (SFR) for each program. The ratios for the graduate programs are well within the CEPH requirements. In addition, the undergraduate ratios are within the University 12:1 ratio goals.

TABLE 1.7.2.A GRADUATE FACULTY, STUDENTS AND STUDENT/FACULTY RATIOS BY DEPARTMENT/SCHOOL

| | HC Primary Faculty | FTE ^(A) Primary Faculty | HC Other Faculty | FTE ^(B) Other Faculty | HC Total Faculty | FTE Total Faculty | HC ^(C) Students | FTE ^(D) Students | SFR ^(E) by Primary Faculty FTE | SFR ^(E) by Total Faculty FTE |
|-------------------------|--------------------------|--|------------------------|--|------------------------|-------------------------|-------------------------------|--------------------------------|---|---|
| AY12-13 | | | | | | | | | | |
| BSHE | 8 | 8.00 | 3 | 1.00 | 11 | 9.00 | 56 | 48.00 | 6.00 | 5.33 |
| BST | 5 | 5.00 | 3 | 2.00 | 7 | 6.00 | 18 | 14.67 | 2.93 | 2.45 |
| EOH | 9 | 9.00 | 13 | 6.67 | 22 | 15.67 | 73 | 49.00 | 5.44 | 3.13 |
| EPI | 7 | 7.00 | 4 | 1.33 | 11 | 8.33 | 50 | 45.33 | 6.48 | 5.44 |
| HMP | 16 | 16.00 | 16 | 10.33 | 28 | 22.33 | 141 | 124.33 | 7.77 | 5.57 |
| TOTAL PH ^(F) | 45 | 45.00 | 39 | 21.33 | 79 | 61.33 | 338 | 281.33 | 6.25 | 4.59 |
| AY13-14 | | | | | | | | | | |
| BSHE | 8 | 8.00 | 3 | 1.33 | 11 | 11.33 | 56 | 51.33 | 6.42 | 4.53 |
| BST | 6 | 6.00 | 3 | 1.00 | 9 | 7.00 | 23 | 20.33 | 3.39 | 2.90 |
| EOH | 10 | 10.00 | 15 | 8.67 | 25 | 18.67 | 80 | 54.67 | 5.47 | 2.93 |
| EPI | 10 | 10.00 | 3 | 1.00 | 13 | 11.00 | 58 | 52.67 | 5.27 | 4.79 |
| HMP | 17 | 17.00 | 15 | 8.67 | 32 | 25.67 | 157 | 143.00 | 8.41 | 5.57 |
| TOTAL PH ^(F) | 51 | 51.00 | 39 | 20.67 | 90 | 73.67 | 374 | 322.00 | 6.31 | 4.37 |
| SSW | 26 | 25.50 | 25 | 14.33 | 51 | 39.83 | 218 | 164.67 | 6.46 | 4.13 |
| GRAND TOTAL | 77 | 76.50 | 64 | 35.00 | 141 | 113.50 | 592 | 486.67 | 6.36 | 4.29 |
| AY14-15 | | | | | | | | | | |
| BSHE | 10 | 10.00 | 10 | 4.33 | 20 | 14.33 | 62 | 57.33 | 5.73 | 4.00 |
| BST | 6 | 6.00 | 0 | 0.00 | 6 | 6.00 | 23 | 23.00 | 3.83 | 3.83 |
| EOH | 10 | 10.00 | 13 | 6.67 | 23 | 16.67 | 73 | 52.67 | 5.27 | 3.16 |
| EPI | 10 | 9.50 | 5 | 2.67 | 15 | 12.17 | 56 | 51.33 | 5.40 | 4.22 |
| HMP | 18 | 18.00 | 14 | 6.67 | 32 | 24.67 | 172 | 155.33 | 8.41 | 6.13 |
| TOTAL PH ^(F) | 54 | 53.50 | 42 | 20.33 | 96 | 73.83 | 386 | 339.67 | 6.35 | 4.60 |
| SSW | 25 | 24.50 | 24 | 15.67 | 49 | 40.17 | 229 | 177.00 | 7.22 | 4.41 |
| GRAND TOTAL | 79 | 78.00 | 66 | 36.00 | 145 | 114.00 | 615 | 516.67 | 6.62 | 4.53 |

| | HC Primary Faculty | FTE ^(A) Primary Faculty | HC Other Faculty | FTE ^(B) Other Faculty | HC Total Faculty | FTE Total Faculty | HC ^(C) Students | FTE ^(D) Students | SFR ^(E) by Primary Faculty FTE | SFR ^(E) by Total Faculty FTE |
|-------------------------|--------------------------|--|------------------------|--|------------------------|-------------------------|-----------------------------------|--------------------------------|---|---|
| AY15-16 | | | | | | | | | | |
| BSHE ^(G) | 11 | 11.00 | 10 | 4.33 | 21 | 15.33 | DATA TO BE PROVIDED AT SITE VISIT | | | |
| BST | 6 | 6.00 | 0 | 0.00 | 6 | 6.00 | | | | |
| EOH | 10 | 10.00 | 13 | 6.67 | 23 | 16.67 | | | | |
| EPI | 8 | 8.00 | 5 | 2.67 | 13 | 10.67 | | | | |
| HMP | 17 | 17.00 | 14 | 6.67 | 31 | 23.67 | | | | |
| TOTAL PH ^(F) | 52 | 52.00 | 42 | 20.33 | 94 | 72.33 | | | | |
| SSW | 26 | 25.50 | 24 | 15.67 | 50 | 41.17 | | | | |
| GRAND TOTAL | 78 | 77.50 | 66 | 36.00 | 144 | 113.50 | | | | |

FOOTNOTES TO TABLE 1.7.2.A

(A) Primary faculty contribution (FTE) equals percent appointment to SPH (AY12-13) or CPHSJ (AY13-14 onward).

- AY12-13: all faculty have 100% appointment to SPH
- AY13-14: 1 faculty (SSW, Marla Berg-Weger) has .50 appointment to CPHSJ
- AY14-15: 1 faculty (SSW, Marla Berg-Weger) had .50 appointment to CPHSJ; 1 faculty (EPI, Louise Flick) had .50 appointment to CPHSJ

(B) Other faculty contribution (FTE) equals the number of classes taught times .333 but with the FTE never greater than 1.0 for any one person.

(C) Student headcount reflects all students who are seeking a graduate degree that is offered by CPHSJ. The headcount does not include students in graduate certificate programs. Students are shown in the department that manages or advises the program the student is pursuing. Here are the following graduate specialty areas or degree programs included in each department:

- BSHE: MPH-BSHE, BSHE/EPI, GLOH, dual MSND/MPH, dual MSW/MPH; MSPH-BSHE, dual PhD Clinical Psychology/MSPH; PhD PHS BSHE
- BST: MPH-BST, BST/EPI; PhD PHS BST
- EOH: MPH-EOH, EOH/BSDP, EOH/EPI, BSDP, BSDP/EPI, PRFP, dual MD/MPH; MSBSDP; PhD PHS BSDP, EOH
- EPI: MPH-EPI, MCH, MCH/EPI; MSPH-EPI; PhD PHS EPI
- HMP: MPH-EMCL, HMP, HMP/EPI, dual JD; MHA, dual MBA, dual JD; EMHA; PhD PHS HMP, HSR
- SSW: MSABA, MSCPP, MSW (and all dual options); PhD SW
- For AY15-16, GLOH, GLOH/EOH, GLOH/EPI & GLOH/MCH students will be allocated to the EPI, EOH and HMP departments based on the assigned advisor.

(D) Student FTE reflects the sum of students with full-time status as per the CEPH definition of being registered for at least 9 credit-hours in a semester (1.0 FTE) and those with part-time status, which is defined as being registered for fewer than 9 credit-hours in a semester (.33 FTE as per University policy).

(E) Student and faculty numbers are not degree-specific; they reflect the SFR for the department as a whole.

(F) In this table, "PH" refers to the public health departments. "PH" does not indicate that all degree programs in these departments meet the CEPH definition of a graduate public health program; only the MPH, MSPH & PhD PHS meet that definition.

(G) In AY15-16, College Dean Collins O. Airhihenbuwa, whose term begins January 1, 2016, is included in the headcount for the BSHE Department.

TABLE 1.7.2.B UNDERGRADUATE FACULTY, STUDENTS AND STUDENT/FACULTY RATIOS BY DEGREE PROGRAM

| | HC ^(A) Primary Faculty | FTE ^(B) Primary Faculty | HC ^(C) Other Faculty | FTE ^(D) Other Faculty | HC Total Faculty | FTE Total Faculty | HC ^(E) Students | FTE ^(F) Students | SFR by Primary Faculty FTE | SFR by Total Faculty FTE |
|-------------------------------|---|--|---------------------------------------|--|------------------------|-------------------------|-------------------------------|--------------------------------|----------------------------------|--------------------------------|
| AY12-13 | | | | | | | | | | |
| BSPH | 13 | 13.00 | 9 | 3.33 | 22 | 16.33 | 121 | 119.67 | 9.21 | 7.33 |
| OTHER UG ^(G) | 11 | 11.00 | 6 | 2.33 | 17 | 13.33 | 86 | 84.67 | 7.70 | 6.35 |
| GRAND TOTAL UG | 24 | 24.00 | 15 | 5.67 | 39 | 29.67 | 207 | 204.33 | 8.51 | 6.87 |
| AY13-14 | | | | | | | | | | |
| BSPH | 17 | 17.00 | 6 | 3.33 | 23 | 20.33 | 158 | 158.00 | 9.29 | 7.71 |
| OTHER UG ^(G) | 29 | 28.50 | 17 | 10.00 | 46 | 35.50 | 358 | 332.67 | 11.67 | 9.37 |
| GRAND TOTAL UG | 46 | 45.50 | 23 | 13.33 | 69 | 55.83 | 516 | 490.67 | 10.78 | 8.79 |
| AY14-15 | | | | | | | | | | |
| BSPH | 20 | 20.00 | 5 | 2.00 | 25 | 22.00 | 161 | 161.00 | 8.05 | 7.32 |
| OTHER UG ^(G) | 28 | 27.50 | 16 | 7.33 | 44 | 34.83 | 300 | 292.00 | 10.62 | 8.38 |
| GRAND TOTAL UG | 48 | 47.50 | 21 | 9.33 | 69 | 56.83 | 461 | 453.00 | 9.54 | 7.97 |
| AY15-16 ^(H) | | | | | | | | | | |
| BSPH* | | | | | | | | | | |
| OTHER UG ^(G) | | | | | | | | | | |
| GRAND TOTAL UG | | | | | | | | | | |

FOOTNOTES TO TABLE 1.7.2.B

(A) Primary faculty headcount reflects all faculty in the CPHSJ who teach or advise students in a CPHSJ undergraduate program. Several courses are required in more than one program; therefore, in order to avoid over representation of faculty headcount in any undergraduate program, we counted the faculty teaching those courses in only one program. Also, faculty may teach in both graduate and undergraduate programs, so there will be duplication of faculty headcounts in Tables 1.7.2.A and 1.7.2.B.

(B) Primary faculty contribution (FTE) equals percent appointment to SPH (AY12-13) or CPHSJ (AY13-14 onward).

- AY12-13: all faculty have 100% appointment to SPH
- AY13-14: 1 faculty (SSW, Marla Berg-Weger) has .50 appointment to CPHSJ
- AY14-15: 2 faculty (SSW, Marla Berg-Weger and EPI, Louise Flick) have .50 appointment to CPHSJ
- AY15-16: 1 faculty (SSW, Marla Berg-Weger) has .50 appointment to CPHSJ

(C) Other faculty headcount reflects non-primary faculty who taught a CPHSJ undergraduate course. Several courses are required in more than one program; therefore, in order to avoid over representation of faculty headcount in any undergraduate program, we counted the faculty teaching those courses in only one program.

(D) Other faculty FTE reflects the sum of all undergraduate courses taught in the academic year with each course taught equal to .33. The total, regardless of the number of courses taught, however, cannot be more than 1.0.

(E) Student headcount reflects all students who are seeking an undergraduate major that is offered by CPHSJ. Students pursuing an undergraduate minor in a CPHSJ field of study are not included.

(F) Student FTE reflects the sum of students with full-time status as per the University definition of being registered for at least 12 credit-hours in a semester (1.0 FTE) and those with part-time status, which is defined as being registered for fewer than 12 credit-hours in a semester (.33 FTE as per University policy).

(G) Other undergraduate degrees include the following programs:

- AY12-13: BSEM, BSHM
- AY13-14 & AY14-15: BACCJ, BSEM, BSHM, BSSW
- AY15-16: BACCJ, BSBST, BSEM, BSHM, BSSW

(H) Due to the timing of the site visit, AY15-16 student data will not be available until the site visit. All data about other faculty is the same as AY2014-15 because the exact number of adjuncts will not be known until later in the fall semester when the spring 2016 schedule is completed.

1.7.c. A concise statement or chart defining the headcount and FTE of non-faculty, non-student personnel (administration and staff).

Table 1.7.c lists the number and FTE of staff supporting College-wide functions and in the PH programs. SSW staff work only with SW, CCJ and ABA programs and are not included in the table. Although administrative staff has increased over the last three years, research staff has decreased. This is a function of losing some of our larger funded center grants.

1.7.C SUPPORT PERSONNEL HEAD COUNT/FTE FOR COLLEGE-WIDE FUNCTIONS AND PUBLIC HEALTH PROGRAMS

| | AY12-13 | | AY13-14 | | AY14-15 | | AY15-16 | |
|--|---------|-------|---------|-------|---------|------|---------|------|
| | HC | FTE | HC | FTE | HC | FTE | HC | FTE |
| Dean's Office | 2 | 2.00 | 2 | 2.00 | 2 | 2.00 | 2 | 2.00 |
| Finance/Administration Office | 6 | 5.50 | 7 | 6.50 | 6 | 5.50 | 6 | 5.50 |
| Communication and Digital Technology Team | 4 | 4.00 | 4 | 4.00 | 6 | 6.00 | 5 | 4.50 |
| Academic Affairs | 4 | 4.00 | 5 | 4.50 | 5 | 4.50 | 5 | 4.50 |
| Research Office | 1 | 1.00 | 2 | 2.00 | 2 | 2.00 | 2 | 2.00 |
| Office of Public Health Practice (OPHP) | | | | | 1 | 1.00 | 3 | 3.00 |
| Department of BSHE | 1 | 0.25 | 1 | 0.25 | 1 | 0.25 | 1 | 0.25 |
| Department of BST | 1 | 0.25 | 1 | 0.25 | 1 | 0.25 | 1 | 0.25 |
| Department of EOH | 2 | 1.25 | 2 | 1.25 | 2 | 1.25 | 2 | 1.25 |
| Department of EPI | 1 | 0.25 | 1 | 0.25 | 1 | 0.25 | 1 | 0.25 |
| Department of HMP | 3 | 3.00 | 3 | 3.00 | 4 | 4.00 | 4 | 4.00 |
| MPH Program | 2 | 2.00 | 2 | 2.00 | 2 | 2.00 | 2 | 2.00 |
| PhD PHS Program | 1 | 0.50 | 1 | 0.50 | 1 | 0.50 | 1 | 0.50 |
| BSPH, BSEM, BSHM, BSBST Programs | 1 | 1.00 | 3 | 3.00 | 3 | 3.00 | 5 | 4.00 |
| Research Project Support Staff (soft dollar) | 14 | 13.80 | 12 | 11.25 | 8 | 8.00 | 6 | 6.00 |
| Total | 43 | 38.8 | 46 | 40.75 | 45 | 40.5 | 46 | 40 |

The SSW has three administrative and 1.5 admissions staff members. As we merged the SSW and SPH, we recognized that staff support varied greatly between the two schools. For example, the PH programs have incorporated the use of program coordinators, usually master's trained individuals, to support the program directors in running the academic programs. SSW faculty do not use program coordinators to the same extent and thus the faculty take on many of the duties performed by program coordinators, in addition to their regular faculty and program director duties. This is typical for schools of social work.

1.7.d. Description of the space available to the school for various purposes (offices, classrooms, common space for student use, etc.), by location.

The allocation of University space is at the discretion of the SLU vice president for facilities. All requests must be formally submitted to this office. The allocation of space within Salus and Tegeler is determined by the ADFA (Salus) and the director of social work (Tegeler).

The CPHSJ is housed in two buildings on campus: 1) Tegeler Hall, which is located near the northern boundary of the campus, and 2) the Salus Center, which is located near the southern boundary of the campus, in an area referred to as the Medical Center. The undergraduate programs (PH, EM, HM, BST, CCJ, and SW), the MSW, MSABA, MSCPP and PhD SW are housed in Tegeler. The MPH, MHA, MSPH, MSBSDP, and PhD PHS are located in the Salus Center. Each

building offers teaching, research and office space. In addition, a wet lab used by the EOH department is located in the medical school in Schwitalla Hall on the Health Sciences Center campus. Table 1.7.D provides an overview of the spaces available for various purposes.

TABLE 1.7.D COLLEGE SPACE BY BUILDING AND FUNCTION

| Building | # of Offices | Cubicles (GAs & staff) | Classrooms | Auditorium | Lab | Conference Rooms | Student Association Offices | Student Common Space |
|----------------|--------------|------------------------|---|------------------|---------------------------|------------------|-----------------------------|----------------------|
| | Sq Ft | Sq Ft | Sq Ft | Sq Ft | Sq Ft | Sq Ft | Sq Ft | Sq Ft |
| TEGELER HALL | 39 | 12 | 9 (10-40 seats) | 1 (250 seats) | Computer (20 stations) | 2 | 0 | 3 |
| | 6387 | 2535 | 5188 | 2913 | 708 | 1105 | NA | 3574 |
| SALUS CENTER | 104 | 74 | 8 ⁽¹⁾ (36- 48 seats); 2 training rms | 1 (120 seats) | Computer (11 stations) | 10 | 2 | 1 (lounge) |
| | 24758 | 4894 | 10172 | 2589 | 440 | 4755 | 352 | 583 |
| MEDICAL SCHOOL | NA | NA | NA | NA | EOH | NA | NA | NA |

FOOTNOTES TO TABLE 1.7.D

(1) Two rooms can be combined to hold almost 100; see ERF 1.7 Salus Center Classrooms and Conference Rooms.

To promote an engaging learning experience and high-quality presentations, the classrooms, conference rooms, and the auditorium are equipped with fully integrated digital presentation systems that include high-definition projectors or LCD displays for presentations. In Salus, all conference rooms, classrooms, and auditoriums and in Tegeler three classrooms are equipped with video conferencing technology to support collaboration, distance learning, and lecture capture. Rooms are equipped with:

- Electric (manual in Tegeler) screen or LCD monitors
- High-definition projectors or LCD displays
- Speakers
- Microphones (Salus only)
- Instructor PC and video preview
- Intuitive touch-screen control interface or manual interface
- Web cameras (Salus only)
- DVD players
- IBM compatible computers
- Some rooms are equipped with document cameras

Two classrooms in Salus are 360° with a mobile teaching center and flat screen monitors throughout the room with ports to allow students to share information from their computers with small groups. Desks are easily movable to create pods, allowing for small group work. Outside of the classrooms, there are several tables and seating spaces for student studying or eating.

The Salus Center has two training rooms dedicated to the CEET programs, as well as several storage rooms.

There are faculty/staff lounges located on the first and third floors of Salus and second floor of Tegeler Hall.

1.7.e. A concise description of the laboratory space and description of the kind, quantity and special features or special equipment.

EOH WET-BENCH LABORATORY

The College (primarily the EOH department) uses a wet-bench laboratory, which is located in Schwitalla Hall, the building that houses the SLU School of Medicine. The laboratory is a ten-minute walk from the EOH department, which is located in the Salus Center. The lab features a single wet-bench laboratory with analytic capabilities of XRF (multi-metal analysis), ASV (lead analysis), ELISA (predominantly working with allergens), microbial culture, and fluorescence and luminescence assays. The laboratory also contains a negative pressure chamber room for aerosol work. Sampling capabilities include dust, soil, swipe sampling, noise, radiation, and airborne contaminants (biological, particulate, and chemical). The department operates an Environmental Protection Agency (EPA) RADNET monitor on the roof of the Salus Center.

The EOH has access to this laboratory space through an arrangement with the School of Medicine. This is used primarily for EOH student instruction and has been used for various research projects by the EOH faculty.

1.7.f. A concise statement concerning the amount, location and types of computer facilities and resources for students, faculty, administration and staff.

SALUS CENTER

Offices and cubicle areas are equipped with personal computers. The Salus Center is equipped with a Microsoft network, 175 IBM compatible desktop and laptop computers, 33 Mac desktops and laptops and 11 "all in one" network printers. Four of the printers produce full color output for presentations, and all are large printer/scanners (11X17) output, good for surveys and other materials. The Salus Center also has 11 IBM compatible computers available in student labs. All users can use the electronic mail system and share word processing, spreadsheet, or data base files.

The Network is connected via dedicated lines to the Saint Louis University computer network (DS.SLU.EDU). Access to DS.SLU.EDU provides access to INTERNET and INTRANET. The Salus Center and SLU have wireless connection throughout the campus for the student use.

CPHSJ has a Communications group that works closely with the College Digital Technologies Lab. Together they deliver all digital and print communications while also supporting technologies in distance learning and traditional pedagogy. SLU has a multimedia lab equipped with multimedia computers, scanners and plotters to print large posters and graphic printouts. In addition, the SLU Norman J. Stupp Geographic Information System Lab is a state-of-the-art computer-imaging center for analyzing, processing and displaying spatial data.

TEGELER HALL

All faculty and staff have either a desktop or laptop computer and access to a printer. Tegeler has one computer lab (LRC-C on the 2nd floor) with 20 stations with HP desktops that also serves as a University-controlled classroom. Students are allowed to use it when classes are not in session. This is the only location in the building to print materials from a University computer. In addition, PhD students have a small space with three computers and a dedicated printer for their use only.

UNIVERSITY SERVERS

The University has two main servers that are made up of multiple servers to create redundancy and that authenticate each person when they log into the [DS.SLU.EDU](https://ds.slu.edu). Both servers hold the same information so if one server is down the other server automatically fails over. There is one server dedicated to the Frost or North campus and one for the Medical or South campus. The university primarily logs into the North campus servers for verification and storage. Storage Area Network (SAN) technologies is used to provide robust, reliable, and secure enterprise storage and backup services. A SAN provides server level access to a shared pool of block-level storage through a single or reduced set of management tools. Each server usually has its own dedicated volumes of storage.

INFORMATION SECURITY

SLU provides members of its community with access to reliable networked information systems while appropriately addressing the need to comply with information security standards, accountability, and measurability for system integrity. To insure the security of networked personal computers and associated data used by faculty and staff, secure and consistent management of access levels is required. The Standard Access Level provides a user with basic computer management functions with some restrictions. Examples of these functions include changes to desktop appearance settings, the ability to save files, and changes in application preferences. This access level provides a high level of protection against viruses and intrusions, and promotes system stability and security.

PRINTING

All printing goes through the: printers.ds.slu.edu printer server. Network printers are installed on all CPHSJ PCs. New network printers were installed in both Salus and Tegeler in the summer of 2015.

UNIVERSITY SUPPORTED COMPUTER APPLICATIONS:

- SLU's **Google Apps for Education** system provides faculty, staff and students with greater storage capacity for e-mail, while maintaining the highest standards for safety and security (including federal guidelines for student and patient privacy). Google e-mail includes spam and virus filtering, 7.3 GBs of storage per account, a search function to find messages quickly and built-in instant messaging. SLU e-mail is accessible from anywhere, including mobile phones. Google apps also include Calendar, Drive and Sites.
- **Blackboard Learn** is the Learning Management System available to the SLU community at both the St. Louis and Madrid campuses. Blackboard provides an online space for instructors to share course content, manage student work, and access tools that can support activities such as group work, class discussions, and student projects. Students and faculty also use Blackboard to house related information in one location.

- **Tegrity** is Lecture Capture software that records the content shown on the computer screen, such as the instructor giving the lecture or a PowerPoint presentation, along with the instructor's audio. Tegrity captures, stores, and indexes this content online for students to watch at their convenience.
- **Fuze Meeting** is an online video-conferencing and real-time collaboration tool that can be accessed using the Fuze app for computers or supported smartphone/tablet. Sessions can be recorded for viewing at other times.

1.7.g. A concise description of library/information resources available for school use, including a description of library capacity to provide digital (electronic) content, access mechanisms, training opportunities and document-delivery services.

SAINT LOUIS UNIVERSITY (SLU) LIBRARIES

The SLU Libraries – the Pius XII Memorial Library, Omer Poos Law Library, and the Health Sciences Center Library (HSCL) – utilize an integrated library system as part of the statewide MOBIUS resource-sharing consortium of over 14 million volumes. SLU Libraries are also part of the On-line Computer Library Center that provides access to more than 42 million titles in 62 countries in virtually any language. SLU-affiliated faculty, students, and staff can access all three libraries' print and electronic resources and services free of charge.

The HSCL is located in the Learning Resources Center and offers several resources and services to SLU-affiliated students, faculty, and staff in both the Medical and Frost Campuses. The HSCL includes 15.71 FTE positions and five professional librarians with subject backgrounds and degrees, who provide professional support to SLU. The HSCL provides reference and information services, 24/7 access to electronic journals and online resources both on- and off-campus, and free-of-charge interlibrary loan (ILL) and electronic reserves services, and more. The Medical Center Library also provides local and remote electronic access to its catalog of materials.

As of June 2013, HSCL held 150,701 volumes of print books and bound volumes. Electronic resources are added continuously, and the shared electronic journal portal with Pius XII Library provides access to more than 50,000 electronic full-text serials titles, 240 bibliographic databases, and other electronic resources.

In addition to regular reference and literature search services, the HSCL has designated two liaison librarians specific to each CPHSJ building who provide weekly on-site reference services to the CPHSJ community. Moreover, rapid ILL services are available for materials that the library does not own. SLU-affiliated faculty, students, and staff receive ILL articles in convenient PDF format within 48 hours, free of charge.

1.7.h. A concise statement of any other resources not mentioned above, if applicable.

PAUL C. REINERT, S.J. CENTER FOR TRANSFORMATIVE TEACHING AND LEARNING

The CTTL (formerly the Reinert Center for Teaching Excellence) is a comprehensive teaching center. Its purpose is to serve faculty and graduate students in their pursuit of effective, evidence-based practices for student learning and engagement. The CTTL offers a variety of instructional development and design services to individual faculty members, including:

- Teaching consultations
- Classroom observations
- Mid-semester student focus groups

- Course (re)design support
- Guidance on pedagogically-focused technology integration.

All services are offered confidentially and strictly at the request of the individual instructor. Individuals also may pursue a Certificate in University Teaching Skills, and attend a wide range of programs from teaching workshops, brown bag conversations, and multi-day institutes.

Most programs can be adapted or customized for academic departments, programs, and colleges. The CTTL enjoys strong participation of faculty in the College. CPHSJ administrators regularly invite CTTL staff to facilitate customized programs specifically for their faculty, both across the College and also within particular departments and programs. CPHSJ is one of the more active colleges at SLU in seeking support from the CTTL. More information about the CTTL, [click here](#).

UNIVERSITY WRITING SERVICES

University writing services is committed to the campus-wide improvement of student writing through one-on-one peer consultation, the administration of workshops, and the facilitation of writing groups. In AY13-14, more than 3,000 SLU students came to University writing services, and those students took part in just over 5,000 one-on-one consultations.

There are four locations on campus that serve both undergraduate and graduate SLU students. Services are available seven days a week to help at any point in the writing process. In particular, their services are important in formative and critical stages of academic writing:

- Students making the transition to college writing
- Students making the transitions to graduate writing
- Students in the First Year Writing Program
- Students writing in English as their second language
- Students learning English
- Transfer students
- International students
- Students writing in the disciplines
- Students applying for scholarships and jobs
- Students needing additional support to continue in college

Their services help students transfer skills into new stages of their lives by working with students to develop individualized plans for success. Writing services provides a workshop for all graduate students during orientation week. For more information about SLU's writing services, [click here](#).

CENTER FOR SERVICE AND COMMUNITY ENGAGEMENT (CSCE)

The SLU CSCE was founded in the fall 2009, with the intention of bringing together students, faculty, staff, and community partners through service, community-based learning, and research. The Center is housed in both the division of student development and the office of academic affairs, and also works very closely with the office for mission and identify.

Its motto is serve, learn and engage. The CSCE connects students for service with both one-time and ongoing opportunities. It supports faculty and students with their efforts toward conducting community-based research as well as offering Service Learning (SL) opportunities. The center supports students in their ability to engage communities more effectively by providing social justice and advocacy training and helping students identify year-long service opportunities post-

graduation both in the States and abroad. The CPHSJ relies on the CSCE to help identify SL opportunities primarily for the undergraduate program. CSCE is one of the many partners involved in the North St. Louis Initiative and co-sponsors the North St. Louis Symposium. For more information, [click here](#).

OFFICE OF INTERNATIONAL SERVICES (OIS)

The OIS provides support for international students, scholars and employees as well as Saint Louis University students that wish to study abroad. They provide a number of services to create international student success from the admissions process through commencement. The OIS conducts summer acculturation programs, helps with student visa applications, and holds English as a Second Language (ESL) programs to help newly admitted students effectively transition to living and attending school in the United States. The OIS administers the SLU writing exam to international students who have ESL. The CPHSJ requires that all graduate students sit for the exam and then follow the recommendations made by the OIS to improve their writing and speaking skills. The Office also provides academic support, scholarship information and tax and visa guidance for students admitted to the University. Unfortunately, this unit is somewhat understaffed and cannot always meet the needs of all international students. For more information about the OIS, [click here](#).

1.7.i. Identification of measurable objectives through which the school assesses the adequacy of its resources, along with data regarding the school's performance against those measures for each of the last three years.

As the College has grown we have been fortunate to recruit and hire new faculty. This has allowed us to retain a strong student/faculty ratio. It has also increased the number of junior faculty (and some other faculty without public health backgrounds). However, Table 1.7.i below indicates we are increasing the proportion of PH full professors.

TABLE 1.7.I OUTCOME MEASURES FOR PH⁽¹⁾ FACULTY AND STUDENTS

| Outcome Measure | Target | AY12-13 | AY13-14 | AY14-15 | AY15-16 |
|--|---------------|----------------|----------------|----------------|----------------|
| Number of full-time, primary PH faculty | 55 | 45 | 51 | 54 | 52 |
| PH Graduate SFR | 10:1 | 6.25 | 6.31 | 6.35 | TBD |
| BSPH SFR | 12:1 | 9.21 | 9.29 | 8.05 | TBD |
| Percent of senior primary PH faculty (full professors) | 33% | 19% | 20% | 25% | 26% |

FOOTNOTES TO TABLE 1.7.I

⁽¹⁾ PH graduate students include MPH, MHA, MSBSPD and PhD PHS

1.7.j. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

STRENGTHS:

- The CPHSJ has sufficient faculty in each of the public health areas to meet the needs of students in the public health programs.
- The facilities and computer hardware are adequate.
- SLU offers excellent library, community engagement and teaching support services that many of the CPHSJ faculty use in their research, service and teaching. Students are regularly encouraged to these resources as well, and do so.
- The graduate student to faculty ratio meets the CEPH criteria. The undergraduate student/faculty ratio is well within the goal that SLU has established, but will likely increase as student numbers continue to increase and new faculty recruitment lessens.

WEAKNESSES:

- College and University services for international students are not sufficient to meet the needs of a growing international population.

PLANS:

- The CPHSJ Asian faculty will develop a support program for Asian students to help them acclimate to living and studying in the U.S. The program will match Asian international students with support individuals and groups both inside and outside of the College. This program will be established for the fall 2015 students.

1.8 Diversity.

The school shall demonstrate a commitment to diversity and shall evidence an ongoing practice of cultural competence in learning, research and service practices.

1.8.a. A written plan and/or policies demonstrating systematic incorporation of diversity within the school.

As a result of our 2007 self-study and CEPH review, we implemented actions that would produce change within the SPH and result in measurable short- and long-term diversity-minded outcomes. For this purpose, in 2008 we created a standing diversity committee that was tasked with formulating the following broad goals and for developing action items and metrics:

Long-term Goal: To work to ensure that students/faculty/staff feel welcome and comfortable and to encourage them to grow personally and professionally and contribute to the University community and society as a whole.

Short-term Goal: To develop and document a strategic process for recruiting and retaining minority faculty, staff, and students by proposing, discussing, prioritizing and implementing changes in our current support structures for minority members of our SPH community.

The diversity committee began its work in 2008 by creating a resource inventory of policies and services provided by the SPH and the University to use as a baseline (ERF 1.8 Diversity > Diversity Resource Inventory.) When the CPHSJ formed in 2013, diversity was selected as one of the nine strategies for the College and developed a new set of diversity goals and objectives. The diversity goals from the 2015 strategic plan are listed in section ii below, with outcome measures for each in Table 1.8.1.

I. DESCRIPTION OF THE SCHOOL'S UNDER-REPRESENTED POPULATIONS, INCLUDING A RATIONALE FOR THE DESIGNATION.

As a Jesuit University with a focus on social justice, we welcome and celebrate all diversity. However, consistent with SLU's goal for diversity, recruitment and retention efforts (and thus measurement) focus on historically under-represented populations: African-American, Latino, and international individuals. Per the SLU Fall 2014 census, 19.6% of the College students identified with these groups: 7.5% African-American; 2.6% Latino, and 10.6% international. In 2014, only 7.5% of CPHSJ faculty self-reported as African American, while 6% of staff self-reported the same. Because SLU is an urban mid-town campus located a few miles south of extremely disadvantaged communities with a primarily African-American population (49%), the CPHSJ is committed to helping increase health and social equity in our local community. In addition, the College has broadened its scope by working internationally toward the same outcomes. We believe that one way that these goals will be achieved is by increasing the proportion of students, faculty and staff who are African American, Hispanic or International.

II. A LIST OF GOALS FOR ACHIEVING DIVERSITY AND CULTURAL COMPETENCE WITHIN THE SCHOOL, AND A DESCRIPTION OF HOW DIVERSITY-RELATED GOALS ARE CONSISTENT WITH THE UNIVERSITY'S MISSION, STRATEGIC PLAN, AND OTHER INITIATIVES ON DIVERSITY, AS APPLICABLE

The CPHSJ diversity goals as part of the 2015 strategic plan are to:

- Increase the diversity in the College's faculty and student population to be more representative of communities and populations served by its graduates.
- Create a welcoming culture within the College that embraces and celebrates diversity and inclusion.
- Assure that all relevant College policies contain elements necessary to attract and retain under-represented faculty, staff and students, including the creation of support systems.

These goals directly synergize with the University's Strategic Enrollment Management (SEM) Plan Principles that foster a student-centered community, ongoing student engagement, and data-driven initiatives for increasing enrollment and retention of under-represented students. (ERF 1.8 Diversity > SEM-Plan-Framework.) Relevant University-wide strategies to achieve higher student diversity that are currently in place include:

- Build a student population more representative of the U.S. socio-economic, ethnic, and racial diversity of college-bound populations in other markets.
- Increase the number of graduates with global experience.
- Expand the transfer program, including community colleges, to 15% of new enrollment.
- Expand the English as a Second Language program.
- Achieve a 90% first to second year retention rate and an 80% six-year graduation rate for undergraduate students.

The College also developed objectives that will increase our cultural competence and diversity. See section 1.2 that lists our current diversity objectives specific to the goals listed in 1.8.a.ii above. The Diversity Committee tracks its activity on the [diversity Google site](#).

Subsequent to the events in Ferguson, Missouri, Dr. Pestello worked with community members to develop what is now known as the Clock Tower Accords, a number of University-wide initiatives, which should help further the College's own diversity objectives. Examples of the Clock Tower Accord relevant to the CPHSJ that are currently in development include:

- Increase financial aid resources for retention of African American students at SLU.
- Evaluate SLU scholarships to better serve African Americans.
- Develop an academic center for community and economic development.
- Sponsor a SLU national conference on racial equality.
- Appoint a special assistant to the president for diversity and community empowerment. (A CPHSJ faculty member sat on the search committee for this position and this person was appointed in June 2015.)
- Establish a University-wide diversity speaker series. (See the full description of the [Clock Tower Accords](#).)

III. POLICIES THAT SUPPORT A CLIMATE FREE OF HARASSMENT AND DISCRIMINATION AND THAT VALUE THE CONTRIBUTIONS OF ALL FORMS OF DIVERSITY; THE SCHOOL SHOULD ALSO DOCUMENT ITS COMMITMENT TO MAINTAINING/USING THESE POLICIES.

The CPHSJ standing diversity committee's plan reflects the College's commitment to SLU policies that promote a diverse and welcoming environment consistent with the University definition of diversity. This definition recognizes that every member of the SLU community possesses a unique social identity, and its goal is to create an inclusive environment that moves beyond understanding characteristics of social identity. The University's commitment to diversity and inclusion requires a set of conscious practices that involve building alliances across social groups, empowering faculty, staff and students to combat discrimination, creating mutual respect, exploring differences, and moving beyond tolerance to celebrating all identities. To see the SLU definition, [click here](#).

The [office of institutional equity and diversity](#) (OIED) enforces diversity policies that include:

- AA/EEO Statement
- Affirmative Action Policy
- Harassment Policy
- Hate Crime & Bias-Related Incident Protocol
- Sexual Misconduct Policy
- Complaints and Grievances Procedures

The College recognizes and adheres to these policies. We report suspected incidents of harassment or sexual misconduct to the OIED and when it involves students, we strongly encourage them to use the services provided by this office. We have a statement in the student handbook that reminds students of our commitment to equity. In spring 2015, the College held a mandatory meeting for faculty and staff at which staff from the OIED described the services of their office and faculty and staff responsibility for reporting suspected incidents.

The OIED oversees the president's diversity council, whose mission is to recommend and promote policies, practices, and programs that foster effective participation in a diverse and inclusive community, and provides institutional equity and diversity training. The CPHSJ has a faculty representative who sits on this committee.

IV. POLICIES THAT SUPPORT A CLIMATE FOR WORKING AND LEARNING IN A DIVERSE SETTING

As evidenced in the name of the College and its inclusion of social work and criminology and criminal justice, the CPHSJ is committed to creating and maintaining an environment that incorporates justice into its education, teaching, service and operations. The most recent strategic plan has diversity as one of its strategic areas for growth and development, including specific, measurable objectives for increasing the diversity of faculty, staff and students and the promotion of an environment that is welcoming to all.

A current activity the CPHSJ has committed to is regularly hosting workshops on cultural competency for faculty and staff, especially related to issues that arise in the classroom. During the August 2013 College retreat, the diversity committee hired the St. Louis Chapter of the ADL, cultural competency experts, to help faculty feel more prepared to address sensitive issues that arise in the classroom. Based on program evaluation, we identified the need to sponsor continuous dialogue on cultural competency. The first series of workshops on bias in the classroom was held in fall 2014. Also in fall 2014, we hosted the first W.E.B. Dubois Conversation on Social Justice, which will become an annual College event. In addition, the CTTL has hosted a number of events that address diversity in the classroom, which CPHSJ faculty regularly attend.

Finally, and tangentially associated, the CPHSJ was instrumental in developing the North St. Louis Initiative that coalesces faculty, staff and students from across the campus with the goal of creating more coordinated efforts to address chronic health and social issues in the northern parts of the community, including Ferguson, MO. The University strategic planning team is using the North St. Louis Initiative as a springboard for the proposed work with and in the community.

V. POLICIES AND PLANS TO DEVELOP, REVIEW AND MAINTAIN CURRICULA AND OTHER OPPORTUNITIES INCLUDING SERVICE LEARNING THAT ADDRESS AND BUILD COMPETENCY IN DIVERSITY AND CULTURAL CONSIDERATIONS.

The importance of developing cultural competency is at the core of the CPHSJ, implicit in its name and inherent in the work done by its students, faculty, and staff. MPH competency #9 “Apply principles of cultural competency and ethical reasoning when working with communities”, BSPH learning outcome #4 “Communicate public health issues with an emphasis on social justice and the core disciplines of public health” and PhD PHS #6 “Demonstrate knowledge, awareness and respect for the impact of cultural, structural, legal, political, and public health and social justice on health outcomes” emphasize our commitment to assuring that graduating students exercise principles of cultural competence, ethical reasoning, and social justice when working with communities. In our most recent competency to curriculum review for the MPH we determined that this competency mapped to 18 courses, all of which are required for some concentrations. A similar mapping exercise was conducted for the BSPH and found that cultural competence is addressed in the SL requirements and five required courses. A list of specific courses that address cultural competency can be found in ERF 1.8 Diversity > Courses that Address Cultural Competency.

Our next step is to use the new mandatory University learning assessment process (rolling out in the AY15-16) to review specifically how these competencies are covered and assessed in courses and other activities. We are required by the University to prepare an assessment plan, which is due by the end of fall 2015. We plan to make these competencies a priority for the annual assessment.

VI. POLICIES AND PLANS TO RECRUIT, DEVELOP, PROMOTE AND RETAIN A DIVERSE FACULTY.

One of the CPHSJ goals for diversity is to attract and retain under-represented faculty and staff. For this purpose, we are implementing the following action items:

- Review existing policies to assess for elements that attract and retain under-represented faculty and staff. (Completed spring 2015.)
- Target advertising to professional organizations that attract under-represented faculty and staff.
- Train faculty to use networking opportunities to recruit under-represented faculty and staff into open positions.
- Create opportunities for potential faculty and staff to meet with others from similar backgrounds during recruitment.
- Develop a peer mentoring program to help support the promotion and tenure of under-represented minority faculty and job satisfaction of under-represented minority staff. See the [diversity Google site](#).
- Actively support the policies of the OIED.

New draft policies were being developed with a goal of the end of AY14-15 (see section 1.8.e Table 1.8.1 Outcome Measures for Diversity). The diversity committee will bring those policies to the Faculty Assembly and the leadership committee for approval in the 2015-16 academic year.

VII. POLICIES AND PLANS TO RECRUIT, DEVELOP, PROMOTE AND RETAIN A DIVERSE STAFF.

While we will develop policies to recruit a diverse staff, the University limits College-level control over how staff positions are advertised. Advertising for staff positions is primarily conducted by way of SLU's employment website and each personnel ad reflects its [nondiscrimination policy](#) (ERF 1.8 Diversity > Staff Recruitment Policy). Hence, our focus has been on retention through activities such as administering the climate survey and responding to suggestions, creating a multi-faith calendar and placing it on the website, and displaying the Covenant on the website and in the building. Admittedly, these efforts were not targeted toward staff, but the entire College (see [diversity Google site](#)). Although written policies that recruit for a diverse faculty and staff have not been codified, we believe we have been fairly successful in recruiting faculty and staff who believe in the University and College missions, which often attracts a diverse pool of applicants. Additionally, the University is currently in the process of revising its affirmative action policy and will rely on that document as we strengthen our procedures for hiring a diverse faculty and staff.

At the University level, a number of initiatives are underway to recruit and retain a diverse faculty and staff. Some of the initiatives are:

- Coordinate human resources (HR) work with the assistant to the president for diversity and community engagement.
- HR has re-purposed an HR Consultant position to that of Diversity Specialist responsible for community outreach to enhance workforce diversity.
- HR has purchased a database software, MissouriDiversity.com, a comprehensive local hiring solution that provides comprehensive sourcing of diverse candidates; customized posting packages; community and diversity outreach, including social media; tools to support initiatives for Equal Employment Opportunity and Affirmative Action Planning, and meeting federal compliance requirements. The diversity specialist tracks her community outreach efforts in this database.
- HR works closely with the OIED regarding affirmative action and recruitment of under-represented groups.
- HR drafted a recruitment and hiring policy that outlines and commits to recruiting, supporting and valuing a diverse workforce. This policy is still a work in progress but anticipated to be vetted through the appropriate channels this coming academic year.
- We also advertise every faculty and staff position we post on Inside Higher Ed, ScholarlyHires.com, and Higher Education Recruitment Consortium (HERC)

VIII. POLICIES AND PLANS TO RECRUIT, ADMIT, RETAIN AND GRADUATE A DIVERSE STUDENT BODY.

The College aims to retain 90% of under-represented minorities in our undergraduate program between the critical freshman and sophomore years (as inspired by SLU's Strategic Enrollment Management Plan; ERF 1.8 Diversity > SEM-Plan-Framework), as well as increase the percentage of minority students College-wide through strategic recruitment efforts. Examples of some of the activities defined in the current strategic plan include:

- Increase the scholarship and graduate assistantship dollars devoted to helping support CPHSJ under-represented undergraduate and graduate students.
- Obtain student and alumni input for making the CPHSJ more attractive to under-represented minorities.
- Include under-represented students on College committees.
- Continue to market graduate programs to undergraduate institutions and events that serve a high percentage of under-represented minorities (ERF 1.1 Mission > CPHSJ Three-Year Strategic Plan).

Efforts to increase recruitment of international students are of a different nature. Over the past few years, the College developed partnerships in China, the Congo, and Honduras, in part to support our MPH-GLOH. It is expected that this program and ongoing research collaborations will help grow our international student population and indirectly contribute to increased ethnic, religious, and cultural diversity at the College.

IX. REGULAR EVALUATION OF THE EFFECTIVENESS OF THE ABOVE-LISTED MEASURES.

All of our stated objectives have clear action items and metrics that will indicate progress. These can be found in the Strategic Plan (ERF 1.1 Mission > CPHSJ Three-Year Strategic Plan). As indicated in section 1.2 Evaluation, the diversity committee chair will report on activities and accomplishments to the leadership group at least twice a year, guided by the outcome measures listed in section 1.8.e.

1.8.b. Evidence that shows the plan or policies are being implemented. Examples may include mission/goals/objectives that reference diversity or cultural competence, syllabi and other course materials, lists of student experiences demonstrating diverse setting, records and statistics on faculty, staff and student recruitment, admission and retention.

See ERF 1.8 Diversity for examples that demonstrate how our diversity plans and policies are being implemented. The examples include the following:

- Mission, values and goals (ERF 1.1 Mission > CPHSJ Three-Year Strategic Plan)
- OIED policies
- President's Diversity Council
- W.E.B. Dubois series
- Clock Tower Accords
- Courses that address cultural competency
- Multicultural Eve
- Creating an Inclusive College Campus Community

In addition, we developed a [diversity page on our website](#) that illustrates our commitment to diversity and inclusion.

1.8.c. Description of how the diversity plan or policies were developed, including an explanation of the constituent groups involved.

The diversity plan described in the College's strategic plan (ERF 1.1 Mission > CPHSJ Three-Year Strategic Plan) is the result of the work of the CPHSJ standing diversity committee. Chartered in 2008, the committee is composed of faculty, staff, students, and alumni from across the College and representative of various ethnic and racial backgrounds, genders and religions.

In fall 2012, faculty, staff and current students at the then SPH completed an anonymous on-line survey to provide feedback about the School's climate. A Likert scale was used to assess thoughts about inclusion of people in the SPH by age, country of birth, disability, ethnicity, gender, gender identity, language, national origin, race, refugee status, religion, culture, sexual orientation, health status, community affiliation, political ideology, and socioeconomic status. One hundred faculty, students, and staff (about 22%) responded to the survey. Areas for improvement included the need to be inclusive of political beliefs and sexual diversity (especially among staff respondents). The fact that race and ethnicity were not flagged raised suspicion regarding the convenience nature and low response rate of the survey.

After the CPHSJ formed in fall 2013, the diversity committee (now including faculty from the SSW) was charged with assuring that the CPHSJ is an exemplar among academic organizations in its attention to differences among people and communities, whether based on race, ethnicity, religion, culture, socioeconomic status, sexual orientation, or ability and accommodates those differences in every aspect of its operations. The 2014-17 goals listed in section ii are a direct output of this committee's work.

In 2014, this committee also conducted an anonymous survey of faculty, staff and students regarding the diversity climate of the new College. (The complete findings from this survey can be found in ERF 1.8 Diversity > 2014 Faculty and Staff Diversity Climate Survey Results and 2014 Student Diversity Climate Survey Results.) The survey asked respondents to rate (using a Likert scale) the CPHSJ's commitment to diversity and related actions. The student survey asked additional questions about faculty behaviors. A total of 62 faculty and staff completed the survey providing an overall response rate of 55%. Of respondents, 41 were faculty and 21 were staff, representing a 56% and 40% response rate, respectively. Faculty and staff rated all responses between three and four on a five point Likert scale (1= strongly disagree to 5= strongly agree) with the exception of the College's décor that represents diversity, which was rated as 2.84. As a result, we created posters that communicate our commitment to social justice. The posters were identified through a contest among students, faculty and staff.

The students (n=52; 5% response) also rated all responses between three and four with the exception of the following, which were rated over four (out of 5):

- The CPHSJ is welcoming to students of all backgrounds. (mean of 4.16)
- The CPHSJ encourages students to express diverse opinions freely and to exchange ideas. (mean of 4.10)
- The CPHSJ should provide regular opportunities for students to learn to be more culturally competent. (mean of 4.41)
- The CPHSJ should involve students in its organizational decision-making. (mean of 4.33)
- The CPHSJ offers adequate opportunities for students to work with and in diverse communities. (mean of 4.06)

Because the response rate for this survey among students was very low, the findings cannot be considered to be representative of the student body. Therefore, we are not assuming the relatively high average scores (on the first, second and fifth items in the bullet list above) indicate there is no room for improvement in the College. Indeed, because the average scores related to more opportunities for cultural competency and greater input into decision-making, we have incorporated the need to revise curriculum for enhanced cultural competency opportunities and assure student representation on most College committees. As we conduct the survey next year, we will implement actions to assure a better student response. The complete findings from this survey can be found in ERF 1.8 Diversity > 2014 Student Diversity Climate Survey Results.

1.8.d. Description of how the plan or policies are monitored, how the plan is used by the school and how often the plan is reviewed

The plan, processes and outcomes are monitored through the metrics and records outlined in section 1.8.a iv during monthly meetings of the standing diversity committee. The chair reports on progress to the CPHSJ leadership twice annually (section 1.2.b). Action is taken based on the reports from the diversity committee. For example, the ADL workshop resulted from the committee report to the leadership that several students had expressed complaints about insensitivity of some faculty and students to the needs of the under-represented minority students. In addition, the diversity committee is tasked to implement the diversity plan, which is continuously reviewed and revised based on the yearly climate survey and student focus groups and dialogue meetings. The diversity committee activities can be viewed on the [diversity Google site](#).

1.8.e. Identification of measurable objectives by which the school may evaluate its success in achieving a diverse complement of faculty, staff and students, along with data regarding the performance of the program against those measures for each of the last three years.

The diversity outcome measures for the CPHSJ are listed below. We focus on student populations that are under-represented as indicated in section 1.8.i. The goals for African American and Hispanic graduate students are in alignment with the overall population representation of those groups. For undergraduate students, the goals were set based on what is believed to be realistic for a Catholic, Jesuit, private (expensive) university. Additionally, we set goals to increase the proportion of African American faculty and staff that we believed were reasonable and that we could achieve. We recognize that the proportion of African American and Hispanic students are lagging from our goal and believe both the College and University diversity plan will help to improve those rates.

TABLE 1.8.1 OUTCOME MEASURES FOR DIVERSITY

| Category/Definition | Method of Collection | Data Source | 7- Year Target % | AY12-13 % | AY13-14 % | AY14-15 % |
|--|----------------------|--------------------|------------------|-----------|-----------|-----------|
| STUDENTS: AFRICAN AMERICAN (Obj. 1.2) | SELF-REPORT | ADMISSIONS/ OIR | | | | |
| • MPH | | | 12 | 6.9 | 10.5 | 10.3 |
| • BSPH | | | 6 | 5.0 | 6.3 | 3.0 |
| • PhD PHS | | | 12 | 5.0 | 12.8 | 10.3 |
| • Other Undergraduates | | | 6 | 7.9 | 8.4 | 6.3 |
| • Other Graduates | | | 10 | 12.5 | 11.5 | 7.7 |
| STUDENTS: HISPANIC (Obj. 1.2) | SELF-REPORT | ADMISSIONS/ OIR | | | | |
| • MPH | | | 4 | 5.6 | 4.3 | 0.6 |
| • BSPH | | | 5 | 7.4 | 6.3 | 4.2 |
| • PhD PHS | | | 4 | 0 | 5.1 | 2.6 |
| • Other Undergraduates | | | 5 | 3.2 | 3.9 | 4.8 |
| • Other Graduates | | | 4 | 4.2 | 3.4 | 0.7 |
| STUDENTS: INTERNATIONAL (Obj. 1.2) | SELF-REPORT | ADMISSIONS/ OIR | | | | |
| • MPH | | | 20 | 16.7 | 16.0 | 17.7 |
| • BSPH | | | 5 | 0.8 | 3.2 | 5.5 |
| • PhD PHS | | | 24 | 17.5 | 23.1 | 23.1 |
| • Other Undergraduates | | | 3 | 0.4 | 1.0 | 2.3 |
| • Other Graduates | | | 5 | 3.0 | 3.1 | 4.4 |
| FACULTY: AFRICAN AMERICAN | SELF-REPORT | HUMAN RESOURCES | | | | |
| • PH faculty only | | | 10 | 5.0 | 4.0 | 7.0 |
| • SSW faculty only | | | 10 | NA | 12.5 | 9.0 |
| • All faculty | | | 10 | NA | 7.0 | 7.5 |
| STAFF: AFRICAN AMERICAN | SELF-REPORT | HUMAN RESOURCES | | | | |
| • PH staff only | | | 10 | 17.0 | 11.0 | 7.0 |
| • All Staff | | | 10 | NA | 13 | 6.0 |
| STUDENTS: Under- represented freshman to sophomore retention (Obj. 1.1) | | BANNER DATA | 90 | 100.0 | 10.00 | 100.0 |
| STUDENTS: Under- represented graduate student grad rate (5 year) | | BANNER DATA | 100 | 71.3 | 82.7 | 80.6 |
| STUDENTS: Proportion of students reporting CPHSJ is welcoming to a diverse population (Obj. 2.1) | SELF-REPORT | SURVEY | 100 | NA | NA | 84.0 |

| Category/Definition | Method of Collection | Data Source | 7- Year Target % | AY12-13 % | AY13-14 % | AY14-15 % |
|---|----------------------|-----------------|----------------------------------|-----------|-----------|---------------|
| FACULTY: Proportion of faculty reporting CPHSJ is welcoming to a diverse population (Obj. 2.1) | SELF-REPORT | SURVEY | 100 | NA | NA | 86.0 |
| Category/Definition | Method of Collection | Data Source | Target | AY12-13 | AY13-14 | AY14-15 |
| STAFF: Proportion of staff reporting CPHSJ is welcoming to a diverse population (Obj. 2.1) | SELF-REPORT | SURVEY | 100% | NA | NA | 76% |
| FACULTY AND STAFF: By Spring 2015, develop, revise, and implement College policies that attract and retain under-represented faculty and staff. (Obj. 3.2) | COLLEGE RECORDS | COLLEGE RECORDS | Policies written and implemented | NA | NA | Not completed |
| FACULTY AND STAFF: Offer at least 2 cultural competency trainings provided by the ADL for faculty and staff each academic year (Obj. 3.1) | COLLEGE RECORDS | COLLEGE RECORDS | 2 trainings per year | NA | 1 | 2 |

1.8.f. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

This criterion is met with commentary.

STRENGTHS:

- The CPHSJ is taking concrete steps to increase faculty, staff, and student diversity and actively promote a welcoming climate for all members of the community.
- Our current Standing Diversity Committee includes a group of dedicated, motivated, and action-oriented individuals who benefit from the full support of the College leadership and, judging from the feedback we received after the diversity workshops that took place during our College-wide retreats, from the enthusiastic support of the College as a whole.
- President Pestello responded positively to the "Occupy SLU" movement and developed the Clock Tower Accords.
- President Pestello developed a new position, Special Assistant to the President for Diversity and Community Empowerment, which will guide his and the University's actions toward creating a more diverse and welcoming environment for all.

WEAKNESSES:

- Although we have a plan, we have been distracted from moving on it due to both internal (becoming a college, strategic planning) and external (losing a president, gaining a new one) factors.
- Although we have a baseline of the courses that address cultural competency, we have not systematically reviewed the curriculum to enhance it in this area. In addition, students indicate that the College should incorporate more ways to increase cultural competency, which reinforce the need to review the curriculum and take action.
- The CPHSJ drafted policies for the recruitment and retention of a diverse faculty, but was not able to have them approved. The College does not have a plan that focuses on the recruitment of a diverse staff.

PLANS:

- The diversity committee will continue to execute the diversity strategic plan by the specified dates, which will increase the cultural competency of the College. An example is that we hired the ADL to provide a required 1.5 hour session on differences and offered it four times during the spring 2015 semester so that everyone had an opportunity to attend.
- We will review the CPHSJ curriculum, beginning with the BSPH, MPH, MSPH and PhD PHS to determine how the specific cultural competencies are incorporated into the curriculum and the ways in which they are assessed. This will be a priority for the University Learning Assessment Plan, which is due in the fall 2015. From this assessment, we will recommend ways to increase cultural competency, as needed, throughout the curriculum. The assessment will occur by the end of the 2015-16 academic year. This process will occur with the other degree programs as well.
- The diversity committee will present the policies to the Faculty Assembly and leadership committee for approval during the 2015-16 academic year. The diversity committee will review processes used to recruit a diverse staff and determine how the College can enhance those efforts. This activity will be conducted during the AY2015-16.
- Work closely with the University's new special assistant to the president for diversity and community empowerment and the CSCE to further the efforts of the North St. Louis Initiative through the University's strategic plan. The diversity committee will invite the special assistant to a committee meeting in fall 2015 to discuss ways in which we can collaborate.
- In fall 2015 we are introducing a new peer mentoring program, matching returning student peer mentor volunteers with new matriculates who express an interest in a peer mentor relationship.

2.0 Instructional Programs

2.1 Degree Offerings.

The school shall offer instructional programs reflecting its stated mission and goals, leading to the Master of Public Health (MPH) or equivalent professional master's degree in at least the five areas of knowledge basic to public health. The school may offer other degrees, professional and academic, and other areas of specialization, if consistent with its mission and resources.

2.1.a. An instructional matrix presenting all of the school's degree programs and areas of specialization.

The CPHSJ offers undergraduate (BA, BS), graduate (MHA, MPH, MS, MSW) and doctoral (PhD) degree programs in a consortium of disciplines that come together under the College. The breadth and depth of these offerings reflect our commitment to prepare our students to serve as practitioners and researchers in local, state, national, or international settings.

Our degree programs that focus on the essential public health disciplines include the BS in Public Health; the MPH in nine public health concentrations: behavioral science & health education, biosecurity & disaster preparedness, biostatistics, environmental & occupational health, epidemiology, global health, maternal & child health, health management & policy and public health practice; and the PhD in Public Health Studies in seven public health disciplines: behavioral science & health education, biosecurity & disaster preparedness, biostatistics, environmental & occupational health, epidemiology, health management & policy and health services research. We also offer the MSPH in two public health disciplines: epidemiology and behavioral science & health education.

Our other degrees include the BS (majors in emergency management, health management, social work [BSSW], and, beginning in fall 2015, biostatistics), BA (major in criminology & criminal justice), MHA, MS (applied behavior analysis, biosecurity & disaster preparedness, and criminology & professional practice) and the MSW. We also offer a PhD in Social Work.

We provide a number of internal (within SLU) and external (outside of SLU) dual degree programs. We also offer a number of accelerated graduate programs. See section 2.13 for more information.

The majority of our programs are resident (classroom-based) programs. Currently, the MSBSPD is the only program offered entirely online. The online courses in that program are also a significant portion of the MPH-BSDP, and the emergency management concentration available in the MSCPP program. The SSW has received approval from the University to offer a collaborative MSW with Lourdes University, which will be mostly online to a 10-20-person cohort, while the resident program will continue to be offered. This collaborative program was approved by the Ohio Board of Regents in late July and will enroll its first class during the 2015-16 academic year. (See full, approved proposal in ERF 2.1 Degree Offerings > SLU Lourdes Collaborative MSW.) In addition to the residential MHA, the CPHSJ offers the MHA in an Executive hybrid blended resident/distance format, which combines one eight-hour face-to-face session with online instruction and interaction over a four-week period.

TABLE 2.1.1 INSTRUCTIONAL MATRIX – DEGREES & SPECIALIZATIONS

| * “other” degree; # non-CPHSJ degree; @ online program | | |
|---|-----------------|---------------------|
| Bachelor’s Degrees | | |
| <i>Major</i> | <i>Degree</i> | |
| Biostatistics ^(A) | BS* | |
| Criminology and Criminal Justice | BA* | |
| Emergency Management | BS* | |
| Health Management ^(B) | BS* | |
| Public Health ^(B) | BS | |
| Social Work ^(B) | BS* | |
| Master’s Degrees | | |
| <i>Major and/or Concentration</i> | <i>Academic</i> | <i>Professional</i> |
| Applied Behavior Analysis | | MS* |
| Behavioral Science & Health Education | MSPH | MPH |
| Behavioral Science & Health Education and Epidemiology | | MPH |
| Biosecurity & Disaster Preparedness | | MPH |
| Biosecurity & Disaster Preparedness and Epidemiology | | MPH |
| Biosecurity & Disaster Preparedness/Infection Prevention | | MS* [@] |
| Biosecurity & Disaster Preparedness/Management & Response | | MS* [@] |
| Biosecurity & Disaster Preparedness/Medical & Public Health Intelligence | | MS* [@] |
| Biostatistics | | MPH |
| Biostatistics and Epidemiology | | MPH |
| Criminology & Professional Practice/Administration of Justice | | MS* |
| Criminology & Professional Practice/Emergency Management | | MS* |
| Criminology & Professional Practice/Treatment & Rehabilitation | | MS* |
| Emergency Management & Crisis Leadership ^(C) | | MPH |
| Environmental & Occupational Health | | MPH |
| Environmental & Occupational Health and Biosecurity & Disaster Preparedness | | MPH |
| Environmental & Occupational Health and Epidemiology | | MPH |
| Epidemiology | MSPH | MPH |
| Global Health | | MPH |
| Global Health and Environmental & Occupational Health ^(D) | | MPH |
| Global Health and Epidemiology ^(E) | | MPH |
| Global Health and Maternal & Child Health ^(F) | | MPH |
| Health Administration ^(G) | | MHA* |
| Health Administration/Health Care Finance ^(H) | | MHA* |
| Health Administration/Health Care Operations ^(H) | | MHA* |
| Health Management & Policy | | MPH |
| Health Management & Policy and Epidemiology | | MPH |
| Maternal & Child Health | | MPH |
| Maternal & Child Health and Epidemiology | | MPH |
| Public Health Practice | | MPH |
| Social Work/Applied Behavior Analysis | | MSW* |
| Social Work/Clinical ^(I) | | MSW* |
| Social Work/Community & Organization | | MSW* |
| Social Work/Family ^(I) | | MSW* |
| Social Work/Health & Mental Health ^(I) | | MSW* |

| * "other" degree; # non-CPHSJ degree; @ online program | | |
|---|-----------|--------------|
| Doctoral Degrees | | |
| <i>Major and/or Concentration</i> | Academic | Professional |
| Public Health Studies/Behavioral Science & Health Education | PhD | |
| Public Health Studies/Biosecurity & Disaster Preparedness | PhD | |
| Public Health Studies/Biostatistics | PhD | |
| Public Health Studies/Environmental & Occupational Health | PhD | |
| Public Health Studies/Epidemiology | PhD | |
| Public Health Studies/Health Management & Policy | PhD | |
| Public Health Studies/Health Services Research | PhD | |
| Social Work ^(K) | PhD* | |
| Joint (Dual) Degrees | | |
| <i>2nd Degree (University)</i> | Academic | Professional |
| Doctor of Medicine (SLU) ^(L) | | MD#/MPH |
| Juris Doctor (SLU) ^(M) | | JD#/MHA* |
| Juris Doctor (SLU) ^(L) | | JD#/MPH |
| Juris Doctor (SLU) ^(N) | | JD#/MSW* |
| Master of Arts in Deaconess Studies (Concordia Seminary) ^(N) | | MDeac#/MSW* |
| Master of Arts in Theology (Concordia Seminary) ^(N) | | MATH#/MSW* |
| Master of Business Administration (SLU) ^(M) | | MBA#/MHA* |
| Master of Divinity (Concordia Seminary) ^(N) | | MDiv#/MSW* |
| Master of Pastoral Studies (Aquinas Institute) ^(N) | | MAPS#/MSW* |
| Master of Public Administration (SLU) ^(N) | | MPA#/MSW* |
| Master of Science in Nursing (SLU) ^(O) | | MSN#/MPH |
| Master of Science in Nutrition & Dietetics (SLU) ^(K) | | MSND#/MPH |
| Master of Social Work (SLU) ^{(L)(N)} | | MSW*/MPH |
| PhD, Clinical Psychology (SLU) ^(P) | MSPH/PhD# | |

FOOTNOTES TO TABLE 2.1.1

- (A) The BSBST program first accepted students in Fall 2015; approximately 10 students are expected to matriculate.
- (B) SLU undergraduate students who are admitted to an accelerated program (BSPH/MPH, BSHM/MHA, BSSW/MSW) complete the first year of the graduate program in their senior year. For more information on the accelerated programs, including the accelerated programs with other universities, see section 2.13.
- (C) The MPH-EMCL program is no longer accepting applications as of AY13-14; the concentration was discontinued. Four students remain, one of which is expected to graduate in fall 2015. It is unclear when two others will graduate as they are progressing on a part-time schedule. They each have 33 credits remaining. The final student has 48 hours toward graduation, but we are unsure of her plans.
- (D) The MPH-GLOH/EOH program first accepted students in Fall 2015.
- (E) The MPH-GLOH/EPI program first accepted students in Fall 2015.
- (F) The MPH-GLOH/MCH program first accepted students in Fall 2015.
- (G) The MHA degree is offered both as a residential program and an executive (hybrid distance & classroom) program.
- (H) The Health Care Finance and Health Care Operations concentrations are only available to students in the resident MHA program; this includes students in the dual degree MHA programs as well.
- (I) Beginning AY15-16, the MSW Clinical concentration is also offered collaboratively with Lourdes University and is mostly online.
- (J) These concentrations are no longer accepting applications; the concentrations were discontinued as of fall AY14-15. There are nine MSW Family students remaining: two are full time and should complete during the AY15-16 and the remainder are part-time and will complete at various times. There are 15 MSW Health and Mental Health students remaining. Five are full-time and should complete during the AY15-16; the remainder are part-time and will complete at various times.
- (K) The PhD SW program first accepted students in Fall 2014; 5 students matriculated.
- (L) The dual MD/MPH, MSND/MPH and MSW/MPH degree programs are offered only with the MPH Public Health Practice concentration; the dual JD/MPH degree program is offered only with the MPH Health Management & Policy concentration.
- (M) Dual degree MHA students may pursue an MHA concentration; pursuing a concentration may increase the total credits and time to degree conferral.

(N) All dual MSW degree programs are offered only with the MSW Clinical concentration except for the dual MPA/MSW program, which is offered only with the MSW Community & Organization concentration.

(O) The dual MSN/MPH is not currently accepting applications; the program was indefinitely suspended in 2009; no students remain.

(P) The dual PhD Clinical Psychology/MSPH degree program is offered only with the MSPH Behavioral Science & Health Education concentration.

2.1.b. The school bulletin or other official publication, which describes all degree programs identified in the instructional matrix, including a list of required courses and their course descriptions. The school bulletin or other official publication may be online, with appropriate links noted.

SLU publishes online [undergraduate and graduate catalogs](#). A list of active courses and their description is searchable via [Banner Self Service](#) (no login required). A listing of the courses and the AY15-16 undergraduate and graduate CPHSJ catalogs are also provided in ERF 2.1 Degree Programs. During the 2015-16 academic year, the University registrar is planning to conduct a University-wide program to create congruence and accuracy in Banner course descriptions. The College course schedules for the past three academic years are also available in ERF 2.1 Degree Offerings > CPHSJ Course Schedules.

2.1.c. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

STRENGTHS:

- The CPHSJ provides the MPH in each of the five required concentration areas as well as biosecurity and disaster preparedness, global health, maternal and child health, and public health practice.
- The CPHSJ provides the PhD in each of the five areas of public health as well as biosecurity and disaster preparedness, health services research and social work.
- The CPHSJ offers BS degrees in public health, health management, emergency management, social work and, beginning fall of 2015, biostatistics. The CPHSJ also offers the BA degree in criminology and criminal justice.
- The CPHSJ offers several other professional master degrees, as well as the MSPH and the PhD SW.
- The CPHSJ provides information about its degree programs in its catalogs. All courses and descriptions are posted electronically by the University.

WEAKNESSES:

- The CPHSJ has grown substantially over the last eight years in the number of degree programs it offers, including the commencement of undergraduate education, which was new for many of the faculty who had only previously taught in graduate programs.

PLANS:

- During the 2015-16 academic year, we will re-evaluate the number of programs we offer and the number of students enrolled in each in light of our mission, as a way to determine whether they help us reach our goals.
- We continue to offer teaching workshops at the College through the CTTL, as well as encourage faculty to use their services to enhance their teaching skills, especially related to undergraduate education.
- The EOH department will introduce a new MSPH program in environmental health to begin summer 2016 (approved spring 2015 by the College and the University). This degree program will attract and train students interested in an accelerated path to careers in environmental health and industrial hygiene.

2.2 Program Length.

An MPH degree program or equivalent professional public health master's degree must be at least 42 semester-credit units in length.

2.2.a. Definition of a credit with regard to classroom/contact hours.

SAINT LOUIS UNIVERSITY-WIDE CREDIT-HOUR DEFINITION

In full accordance with federal regulations as defined under 34 CFR 600.2, Saint Louis University defines a semester hour (typically referred to as a “credit-hour”) as the unit of academic credit awarded for the attainment of intended learning outcomes verified by evidence of student achievement, and as represented on official University academic records by the successful completion of an amount of student work as detailed below.

For classroom and/or direct faculty instruction (regardless of delivery mode):

One semester hour of credit is awarded for the attainment of intended learning outcomes resulting from ***both***:

- Student engagement in a reasonable equivalent of one hour of classroom or direct faculty instruction each week (typically 50 minutes) for approximately 15 weeks (or the equivalent amount of work over a different period of time)
- Student completion of a reasonable equivalent of a minimum of two hours of out-of-class student work each week for approximately 15 weeks (or the equivalent amount of work over a different period of time).

For experiential learning (laboratory work, studio work, internships, practica, and related educational experiences/environments):

One semester hour of credit is awarded for the attainment of intended learning outcomes resulting from student engagement in a reasonable equivalent of three hours of educational activity/experience each week (typically 2.5 clock hours) for approximately 15 weeks (or the equivalent amount of work over a different period of time)

Note: Pedagogical and other methodological distinctions among academic disciplines may result in requirements for amounts of student work that exceed – but may not fall short of – the minimums established in this definition.

The CPHSJ requires that the graduate course syllabi demonstrate compliance with the minimum classroom contact hours (37.5 hours for a three-credit course), as outlined below.

TABLE 2.2.A.1 GRADUATE COURSE MEETING SCHEDULE

| Meeting Schedule Graduate Classes (Fall & Spring Semesters) | Hours Per Class Meeting | Classes/Week |
|---|--|---------------|
| 15 meetings | 2.5 hours | 1 |
| 13 meetings | 3 hours | 1 |
| 10 meetings | 3.75 hours | 1 |
| 8 meetings (social work classes only) | 4 hours with additional out of the classroom required activities | 1 for 8 weeks |

Online classes satisfy this requirement through a combination of lectures and class modules in addition to outside preparation and homework equivalent minimally to the required contact hours.

Undergraduate courses are also typically worth three credits and meet on the schedule below.

TABLE 2.2.A.2 UNDERGRADUATE COURSE MEETING SCHEDULE

| Meeting Schedule Undergraduate Classes (Fall & Spring Semesters) | Hours Per Class Meeting | Classes/Week |
|--|-------------------------|--------------|
| 14 meetings plus one exam session | 2.5 hours | 1 |
| 28 meetings plus one exam session | 75 minutes | 2 |
| 42 meetings plus one exam session | 50 minutes | 3 |

2.2.b. Information about the minimum degree requirements for all professional public health master’s degree curricula shown in the instructional matrix.

The MPH degree programs range from 42 (for public health practice degrees) to up to 54 credits (for joint concentrators). The traditional full-time curriculum plan requires six semesters, which includes two summer semesters.

2.2.c. Information about the number of professional public health master’s degrees awarded for fewer than 42 semester credit units, or equivalent, over each of the last three years.

NA

2.2.d. Assessment of the extent to which this criterion is met and an analysis of the school’s strengths, weaknesses and plans relating to this criterion.

This criterion is met.

STRENGTHS:

- All courses adhere to the required time as defined by the University-wide Credit-Hour definition.
- All MPH programs require a minimum of 42 credits.

WEAKNESSES:

- NA

PLANS:

- Continue to maintain the minimum requirement of 42 credits.

2.3 Public Health Core Knowledge.

All graduate professional degree public health students must complete sufficient coursework to attain depth and breadth in the five core areas of public health knowledge.

2.3.a. Identification of the means by which the school assures that all graduate professional degree students have fundamental competence in the areas of knowledge basic to public health.

All MPH degree programs include at least three credits of coursework in each of the five core areas of public health knowledge (see Table 2.3.1 below). In addition, students take a course in ethics as we believe it helps to ground students in social justice, a main value of the CPHSJ and the Jesuit belief system. MPH students take an additional management (health services administration) course. This provides a foundation for management principles and leadership theory and skills, as well as grant writing and management, or exposure to health care organizations and management (for MPH-HMP students only), all important skills for working in public health practice settings or health care organizations. Finally, all MPH students take at least one semester of a professional skills development course that provides them opportunities to practice professional skills and exposes them to leaders in the field of public health as a way to learn directly from practitioners and potentially practice some of the professional skills (e.g., resume writing, networking) with these individuals.

MPH students are required to complete a zero-credit public health internship (see section 2.4), a zero-credit culminating experience (see section 2.5), and a capstone course (see section 2.5) in their concentration area. Combined, these opportunities allow students to demonstrate mastery of core public health and concentration knowledge and skills.

TABLE 2.3.1 REQUIRED COURSES ADDRESSING PUBLIC HEALTH CORE KNOWLEDGE AREAS FOR MPH DEGREES

| Core Knowledge Area | Course Number & Title | Credits |
|-------------------------------|---|---------|
| Behavioral Sciences | BSH5000 Behavioral Science and Public Health | 3 |
| Biostatistics | BST5000 Principles of Biostatistics | 3 |
| Environmental Health Sciences | EOH5000 Environmental and Occupational Health | 3 |
| Epidemiology | EPI5000 Principles of Epidemiology | 3 |
| Management and Policy | PUBH5010 Mission and Practice of Global Public Health | 3 |
| | PUBH5110 Managerial Aspects of Public Health Practice (not MPH-HMP) | 3 |
| | HMP5300 Management of Health Care Organizations (MPH-HMP only) | 3 |

To easily access course syllabi for the MPH program, please see the following sections of the ERF:

- ERF 2.1 Degree Offerings > Required MPH Concentration Course Syllabi
- ERF 2.3 Public Health Core Knowledge > Syllabi
- ERF 2.4 Practical Skills > Syllabi
- ERF 2.5 Culminating Experience > Syllabi

2.3.b. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

STRENGTHS:

- All MPH programs cover all required areas of public health core knowledge.
- PUBH5010 and 5110 (or HMP5330) combined meet the requirement of health services administration for the MPH and the MPH-HMP.

WEAKNESSES:

- The PUBH5010 and PUBH5110 courses have historically been rated less positively by students than the other core courses.

PLANS:

- We used the course evaluations to determine how the courses can be improved. We are implementing a problem-based approach, as well as a modified flipped format for PUBH5010. We are considering a hybrid format for PUBH5110 that is primarily online with some in-person workshop-like time.

2.4 Practical Skills.

All graduate professional public health degree students must develop skills in basic public health concepts and demonstrate the application of these concepts through a practice experience that is relevant to students' areas of specialization.

-
- 2.4.a. Description of the school's policies and procedures regarding practice experiences, including the following: selection of sites; methods for approving preceptors; opportunities for orientation and support for preceptors; approaches for faculty supervision of students; means of evaluating student performance; means of evaluating practice placement sites and preceptors qualifications; and criteria for waiving, altering or reducing the experience, if applicable.**
-

MPH PRACTICE EXPERIENCE POLICIES

Each student in the CPHSJ MPH program is required to complete a practical experience that is 320 (MPH) or 520 (MPH-HMP) hours with an approved preceptor and in an approved organization. The practice experience (internship for MPH-HMP) offers an opportunity for MPH students to integrate their classroom learning, which provides a broad spectrum of public health skills, into experiential learning. This planned, supervised, and evaluated experience improves competence in public health practice relevant to the field of study (BSDP, BSHE, BST, EOH, EPI, GLOH, HMP, MCH). The practice experience also provides a dynamic environment for students to work with experienced professionals in public or private organizations that address significant public health issues.

The broad goals of the MPH practice experience are to develop core public health competencies, to provide service to the cooperating agencies and to prepare students for their careers in public health. This is consistent with our values of collaboration, justice and practice.

Resources for the MPH Practice Experience may be found on the [Google site](#). These resources include the current course syllabus, all forms needed to document the experience, information about past practice experiences and information about current opportunities. Forms for the MPH-HMP can be found [online](#) as well. Students are introduced to the practice experience by the practice experience or internship coordinators in their first semester of studies and provided continual opportunities to learn about it individually and in group sessions. International students are also given individual attention relevant to their unique needs early in their academic careers, including a presentation by the assistant director of international services. Students in the global concentration and other doing an international experience also meet with the Institute for Global Health deputy director who provides guidance for travel, housing, safety, etc.

MPH PRACTICE EXPERIENCE PROCEDURES

The MPH Practice Experience is managed by the practice experience coordinator (PEC), who reports to the MPH program director or, for the MPH-HMP, the HMP internship coordinator who reports to the HMP internship advisor and department chair. Additionally, MPH students are advised by designated faculty members within each department or program (practice experience advisors or PEAs) while MPH-HMP are advised by the HMP internship advisor as well as their academic advisor. The PEAs make up the MPH practice experience advisory committee, which sets policies and procedures for the MPH practice experience program (excluding the MPH-HMP).

PREREQUISITES FOR BEGINNING A PRACTICE EXPERIENCE:**MPH:**

- Completion of a minimum of at least 18 credits (preferably two semesters), including the core (5000-level) courses, and at least concurrent enrollment in six credits in the student's concentration. Other, concentration-specific prerequisites may also apply, as specified by the PEA for the concentration.
- Completion of Collaborative IRB Training Initiative (CITI) on-line human subject research training or its equivalent.
- Participation in PUBH5900 during the first semester of studies, which includes sessions relevant to practice experience planning (career planning, resume writing, networking, etc.) and informational sessions about the internship conducted by the PEC.

MPH-HMP:

- Complete at least 27 credits of required MPH-HMP course work; MPH-HMP/JD students must complete at least 62 credits of dual degree curriculum, including 21 credits of MPH-HMP coursework. Students typically do their internships during the summer between the first and second MPH year.
- Enroll in and attend all required Health Management and Policy Rounds (HMP5900) in both the fall and spring semesters and attend all scheduled internship meetings.

Both:

- Good academic standing with the University and the CPHSJ according to the guidelines found in the CPHSJ Graduate Student Handbook.

PLANNING THE PRACTICE EXPERIENCE:**MPH:**

- Meet with the PEC and the department/program PEA to discuss options and potential opportunities. All proposed practice experiences must be approved by the PEA before students can begin counting hours.
- Meet with potential preceptor(s) to discuss practice experience goals and activities.
- Complete the Self-Assessment of Competence form that provides a baseline assessment of self-perceived skill level (ERF 2.4 Practical Skills > MPH Student Pre-Experience Assessment of Competence).

MPH-HMP:

- Meet with faculty advisors to discuss the various career options in the health policy field and the type of internship setting that might best serve the students' individual career goals, needs and interests.
- Meet with the HMP internship coordinator to understand the Goals, Needs and Preference Form (ERF 2.4 Practical Skills > MPH-HMP Goals, Needs and Preferences Form) through which students express personal objectives for the experience and specific preferences with regard to geographical location, preceptor style, type/size of organization, prior health care experience, and other special interests and needs.
- Submit copies of resume and completed Goals, Needs and Preferences form to the HMP internship program coordinator by the stated deadlines.

SELECTION OF SITES:

MPH: Students, PEAs or the PEC can identify sites for the MPH practice experiences. A list of potential practice experience opportunities is posted on the website, as well as locations from previous years. Students may explore sites not previously used, with the understanding that any proposed experience must first be approved by the PEA. Sites are selected according to their appropriateness for meeting public health competencies and concentration-specific competencies and according to the availability of an experienced and appropriate preceptor.

MPH-HMP: Internship site recruitment and development in the MPH-HMP program is a joint responsibility of the HMP internship program coordinator and HMP internship faculty advisor in consultation with the HMP program faculty and students. All preceptors and sites invited to participate in the current year's MPH-HMP internship program are requested to inform the HMP internship program coordinator if they are able to sponsor a student by mid-November. Once a preceptor and site agree to participate in the year's MPH-HMP internship program, they are sent copies of the current MPH-HMP Internship Manual (ERF 2.4 Practical Skills > MPH-HMP Internship Manual).

METHODS FOR APPROVING PRECEPTORS:

MPH: Preceptors are selected based on a number of criteria, including prior knowledge of the preceptor as a community partner, clear ability to provide an appropriate and excellent learning experience for the student, overall credentials and experience in the area of the student's specialization and/or knowledge of population health, the student's learning goals for the practice experience and the preceptor's willingness to participate in the program. Either the PEA or PEC interviews potential preceptors for characteristics that will allow students to have a well-planned and supervised experience that will improve their competence or practice applied skills. A Preceptor Review and Approval form is used in the interview process to insure consistency in interviewing potential preceptors (2.4 Practical Skills > MPH Preceptor Review and Approval.) The practice experience advisory committee gives final approval of preceptors. Approval is based on a review of the combination of characteristics identified in the interview. Preceptors with an undergraduate or graduate degree with less than 5 years of experience are normally not approved. In these situations, we often identify another preceptor at the site who can provide the student with a positive learning experience. The PEC maintains the list of approved preceptors and the completed Approval Forms for reference. The student can meet with the PEC in the planning phase to learn about approved preceptors.

MPH-HMP: The MPH-HMP program director works with the HMP internship coordinator to recruit, approve, and select preceptors and sites and with other internship placement activities. Preceptors are selected based on their willingness to participate in the program, the recommendation of a faculty member, an evaluation of the individual's ability to provide the contacts and mentoring required of an internship, and the individual's past experiences and education in the field. Preceptors are typically senior staff with at least five years of management experience.

OPPORTUNITIES FOR ORIENTATION AND SUPPORT FOR PRECEPTORS:

MPH: During the interview with potential preceptors, the PEC or PEA discusses the skills and knowledge that advanced students would bring to their organizations and the overall expectations of being a preceptor. The PEC or PEA provides the preceptor with the Competencies for the Practice Experience and the Preceptor Expectations (ERF 2.4 Practical Skills > MPH Competencies for the Practice Experience and MPH Preceptor Expectations) prior

to agreeing to mentor a student. Preceptors are invited to visit the [preceptor page](#) of the College website. A printed Planning Guide is also available, if preferred. Preceptors are encouraged to contact the PEA or PEC if questions or problems occur.

MPH-HMP: When preceptors are recruited they are informed about the goals and objectives of the internship program and also provided a copy of the Internship Manual (ERF 2.4 Practical Skills > MPH-HMP Internship Manual), which explains the roles of the students, preceptors and faculty. Preceptors have an opportunity to receive support during the visit conducted by faculty.

APPROACHES FOR FACULTY SUPERVISION OF STUDENTS:

MPH: PEAs in each department work with MPH students in choosing sites and interview and consult with preceptors before, during and after the practice experience. They are responsible for giving final approval of a student's proposed practice experience and preceptor. Even if the site and/or preceptor have been used before, approval is still needed to insure that no substantial changes have occurred that would affect the quality of the experience for the student.

PEAs demonstrate their approval of the practice experience by signing the Practice Experience Agreement form (ERF 2.4 Practical Skills > MPH Practice Experience Agreement), which outlines the general plan for the experience. The PEAs or the PEC take part in a midpoint review of the practice experience with the student and the preceptor, which may be by telephone or site visit. The PEAs and PEC are available to students and preceptors throughout the practice experience process as needed or desired.

MPH-HMP: Preceptors hold primary responsibility for monitoring the internship. They are required to be in at least weekly contact with the student. Preceptors are fully informed of their responsibilities through the internship manual and through personal contact with the HMP internship coordinator and faculty advisors throughout the selection and on-site phases of the internship.

Faculty advisors are in contact with individual students throughout the planning and conduct of the internship. In addition to regular communication via e-mail or phone, the faculty advisor visits the internship site approximately a third of the way through the experience, meets individually with the student and preceptor, and works through any issues that need to be addressed.

MEANS OF EVALUATING STUDENT PERFORMANCE:

MPH: At the beginning of the practice experience students complete the Learning Plan and Goals (ERF 2.4 Practical Skills > MPH Practice Experience Agreement) based on their own self-assessment of competence (ERF 2.4 Practical Skills > MPH Student Pre-Experience Assessment of Competence) and the projects and opportunities that will comprise the work of the practice experience. Learning goals are based on the competencies for the practice experience and are linked to specific activities. PEAs review the learning plan/goals and make suggestions as appropriate.

Student performance during the course of the practice experience is assessed through the completion of six required progress reports, which are submitted throughout the experience. (ERF 2.4 Practical Skills > MPH Progress Report.) In these reports, students reflect on skills they are practicing and/or acquiring and what they are learning relative to their studies and future career goals. We use reflective assignments as they are a key method of Jesuit pedagogy. These reflective reports help to guide the midpoint review discussion. At this time, any changes in the

learning plan, activities/projects or expected outcomes are noted and discussed. The midpoint review is documented by the PEA (ERF 2.4 Practical Skills > MPH Midpoint Review) or PEC and added to the student's file in the PEC's office.

The final evaluation of the MPH practice experience has several components (ERF 2.4 Practical Skills):

- The MPH Preceptor Final Evaluation that assesses professionalism and the competency attainment of students.
- The MPH Student Post-Experience Assessment and Final Evaluation that assesses various aspects of the practice experience as well as self-assessed competency attainment (beginning in the summer 2015).
- The Practice Experience Final Poster, which is a summary of the experience and includes:
 - a. Description of the practice experience and the organization.
 - b. The public health context of the project, e.g., real or potential impact of project on population health – may be expressed in terms of the core functions of public health.
 - c. Competencies gained or improved through practice experience.
 - d. Challenges and successes of the experience (see template and example in ERF 2.4 Practical Skills > MPH Poster Template and MPH Poster Example)

Student posters are displayed both at a final Poster Session, on the first floor of the Salus Center, and on the [College website](#). All final materials are reviewed by the PEA and the PEC for content, completeness and the extent to which the competencies were met before the final grade is given.

MPH-HMP: The final evaluation of the internship experience is based on several components:

- The preceptor's written evaluation of the intern describing the student's: 1) strengths and weaknesses, 2) performance during their internship and areas for improvement, and 3) level of professional competency (ERF 2.4 Practical Skills > MPH-HMP Preceptor Evaluation of the Intern).
- The student's evaluation of the internship and student competency assessment (ERF 2.4 Practical Skills > MPH-HMP Student Evaluation of the Internship and MPH-HMP Student Competency Assessment of the Internship) that assesses the effectiveness of the internship in fulfilling the student's expectations and career goals.
- The Faculty Site Visit Progress Report (ERF 2.4 Practical Skills > MPH-HMP Faculty Site Visit Progress Report), which includes a review of tasks assigned to the student, output produced, and contacts with the local health community.

MEANS OF EVALUATING PRACTICE PLACEMENT SITES AND PRECEPTOR QUALIFICATIONS:

MPH: Practice experience placement sites are evaluated through prior knowledge of the site, by site visits by either the faculty advisor or the coordinator and through student evaluations of their experiences. In addition, the Student Final Evaluation allows the student to comment on their perceptions of the quality of the practice experience and preceptors (ERF 2.4 Practical Skills > MPH Student Post-Experience Assessment and Final Evaluation).

MPH-HMP: The evaluation of preceptors is based on information gathered from faculty during the site visit, from students during their individual debriefings, and through regular evaluation by the program faculty of all sites. Faculty site visitors, students and preceptors are required to complete a written evaluation of the internship (ERF 2.4 Practical Skills > MPH-HMP Faculty Site

Visit Progress Report, MPH-HMP Student Evaluation of the Internship and MPH-HMP Preceptor Evaluation of the Intern).

2.4.b. Identification of agencies and preceptors used for practice experiences for students, by program area, for the last two academic years.

Names of agencies and preceptors are available in ERF 2.4 Practical Skills > MPH and MPH-HMP Organizations and Preceptors by Degree.

Within the 2012-13 and 2013-14 academic years, MPH practice experiences took place at approximately 140 different organizations or offices within larger organizations. These included (approximately):

- 30 different governmental entities, from local health departments to federal agencies
- 45 community-based organizations
- 25 health care organizations
- 15 for-profit businesses
- 25 University and academic medical center offices
- 16 states other than Missouri and 7 countries other than the U.S.

2.4.c. Data on the number of students receiving a waiver of the practice experience for each of the last three years.

NA. The College does not waive the MPH practice experience/internship requirement.

2.4.d. Data on the number of preventive medicine, occupational medicine, aerospace medicine and general preventive medicine and public health residents completing the academic program for each of the last three years, along with information on their practicum rotations.

NA

2.4.e. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

STRENGTHS:

- Policies and procedures for the practice experience are all clearly defined, well-specified and made available to students, preceptors, faculty advisors and staff through printed and on-line resources.
- Processes are clear and in place for identifying and approving new sites and preceptors. Students are made aware from the start of the program the importance placed on the practice experience and that the policy is not to waive the experience for any student.
- The MPH practice experience program has been centralized within the office of a PEC (either MPH or MPH-HMP) for 15 years. The College was forward thinking when it recognized that the quality of practical experiences could be better insured when program policies were standardized and well-understood by faculty mentors, students and preceptors.
- Preceptors have a single coordinator in each program (MPH or MPH-HMP) to contact with questions and to promote their internships.

- The MPH practice experience program is extremely flexible and responsive to individual student needs. Students are encouraged to be proactive in developing practice experience opportunities for themselves through networking and contacts developed in their classes. Some of these experiences have then turned into trusted sites for continued student placement.
- The St. Louis metropolitan area has two large, multi-department health agencies – in St. Louis County, and in St. Louis City, which, administratively, is separate from St. Louis County. Both of these departments offer many opportunities for student practice experiences in specific public health areas, including epidemiology, environmental health, emergency preparedness and health education, with staff experienced in these fields. Students have also benefited from working with professionals at smaller health departments in the metro area, affording opportunities to gain experience in smaller, less urban communities.
- Both the MPH and MPH-HMP programs benefit from an extensive and experienced pool of alumni in senior positions that can serve as preceptors to students.

WEAKNESSES:

- A challenge for the MPH practice experience program is that many sites that offer excellent community and public health experiences are not paid. The College currently has one fund to support uncompensated internships in the St. Louis community, which is far short of the need. The relative depression of funding for community-based public health is a challenge to the ability of our community partners to provide good experiences and resources for students.

PLANS:

- We are developing online mechanisms for students to complete and submit paperwork, as well as for potential preceptors to access information about the program and submit proposed practice experiences for consideration. These electronic forms will be ready for use in the 2015-16 academic year.
- The CPHSJ recognized that the future of the public health workforce would require a more strategic and organized approach. To this end, we created the ADPHP position. Dr. Alexander Garza, MD, MPH, joined the faculty in September 2013 to assume this role and develop the OPHP. The goals of this office are to coordinate workforce development activities, continuing education, internship and career services for the college. The newly designated OPHP will be fully functioning by fall 2015 with three new staff.

2.5 Culminating Experience.

All graduate professional degree programs, both professional public health and other professional degree programs identified in the instruction matrix, shall assure that each student demonstrates skills and integration of knowledge through a culminating experience.

2.5.a. Identification of the culminating experience required for each professional public health and other professional degree program. If this is common across the school's professional degree programs, it need be described only once. If it varies by degree or program area, sufficient information must be provided to assess compliance by each.

MPH Program Comprehensive Oral Examination: All MPH students sit for an oral comprehensive exam (PUBH5950 or HMP5950) in the final semester of coursework towards that degree.

The MPH oral examination is designed for students to demonstrate knowledge and application of core public health concepts and principles and display in-depth understanding and application of their concentration. With the exception of the MPH-HMP, there are two parts to the examination. Part I consists of questions (received the day of the exam) related to each of the five areas of public health and unknown to students prior to the examination day. See example questions in ERF 2.5 Culminating Experience > MPH Oral Comprehensive Exam > Part I. Questions are based on content taught in each of the core public health courses. Part II of the exam consists of a presentation of a case study (received 24 hours before the exam) that is specific to the student's concentration or concentrations. See example cases and student case presentations in ERF 2.5 Culminating Experience > MPH Oral Comprehensive Exam > Part II. The question sets are created by faculty for each day of the oral exam period and reflect content that faculty believe represent the core MPH competencies that students are expected to master. MPH-HMP students prepare an oral policy brief from resources received 24 hours in advance that explicitly address the HMP competencies. Students are expected to prepare a presentation that analyzes the information provided as well as additional information they researched (ERF 2.5 Culminating Experience > MPH-HMP Oral Comprehensive Exam > MPH-HMP Oral Policy Brief Instructions). Students answer questions and present their cases to a two-faculty panel (three for MPH-HMP). Faculty (MPH only) use the oral examination scoring work sheet to rate students on each of the five question sets and the case. See the ERF 2.5 Culminating Experience > MPH Oral Comprehensive Exam folder for an example score worksheet. The scoring sheet used for the MPH-HMP oral policy brief can be found in ERF 2.5 Culminating Experience > MPH-HMP Oral Comprehensive Exam > HMP Dept Ballot. Although MPH-HMP students are instructed to address the other four areas of public health in their presentation, they are not explicitly assessed on those areas. See sample MPH-HMP student policy briefs in ERF 2.5 Culminating Experience > MPH-HMP Oral Comprehensive Exam > MPH-HMP Policy Briefs.

The score sheets are a tool to help faculty determine whether the student should pass or fail the examination. Specific guidance for what constitutes a pass or fail are provided on the score sheets. If students are unsuccessful on the exam, they are allowed to sit for the exam one additional time. If they are unsuccessful the second time, they do not earn their degree. Students may be required to retake one or two parts of or the entire examination, based on the scores provided by the faculty.

Students in the global health concentration may choose the oral examination, a policy analysis or journal article as their culminating experience. Students applying for this option must have a faculty mentor who agrees to work with the student to complete the project. The policy analysis will typically address a public health or health management problem observed during the practice experience. Students may pursue a policy analysis not directly related to their practice experience, with specific approval by their advisor. Students who use the journal article option must understand that a decision regarding whether the draft is ready for submission to a journal, and therefore qualifies, is based upon the judgment of their advisor. There are no student examples of these culminating experiences as our first class of global health students was admitted during AY14-15 and will not be graduating until May 2016 at the earliest.

In addition to the oral examination, each of the MPH concentrations (excluding the MPH-GLOH) requires that students successfully complete a capstone course. Each of the capstone experiences is unique to their concentration and the concentration specific competencies. Students in joint concentrations (e.g., BST/EPI) usually take the capstone of the first-listed concentration and faculty add requirements from the second concentration to their final projects. See descriptions of capstones in ERF 2.5 Culminating Experience > MPH Capstone Descriptions.

2.5.b. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

The criterion is met with commentary.

STRENGTHS:

- The MPH requires an oral examination that tests the five core areas of public health as well as the concentration. In addition, each concentration, with the exception of global health, requires a capstone course that focuses on concentration competencies.

WEAKNESSES:

- The MPH culminating experience (oral exam) is only loosely connected to the competencies. Questions and cases are developed based on the content covered in the courses, which are developed/modified based on the competencies. However, we do not explicitly use the competencies in the development of the exam.
- The MPH-HMP culminating experience (oral exam) does not explicitly assess students on their competency in the other four core public health areas.

PLANS:

- The CPHSJ will create MPH oral examinations that are explicitly related to the core and concentration competencies. We have begun to work on more explicitly linking the competencies to student assessment in courses. We will continue to offer training and workshops to help support faculty in this task. Beginning in spring 2016, we will create oral comprehensive exams that clearly link competencies with the oral examination questions.
- Beginning in spring 2016, the CPHSJ will explicitly assess the other four public health core areas in the MPH-HMP oral exams.

2.6 Required Competencies.

For each degree program and area of specialization within each program identified in the instructional matrix, there shall be clearly stated competencies that guide the development of degree programs. The school must identify competencies for graduate professional public health, other professional, and academic degree programs and specializations at all levels (bachelor’s, master’s and doctoral.

2.6.a. Identification of a set of competencies that all graduate professional public health degree students and baccalaureate public health degree students, regardless of concentration, major or specialty area must attain. There should be one set for each graduate professional public health degree and baccalaureate public health degree offered by the school (e.g., one set each for BSPH, MPH and DrPH).

The set of competencies for the graduate professional public health degree (MPH) and the set of learning outcomes (the term used at SLU in undergraduate education) for the baccalaureate public health degree (BSPH) offered by the College are listed below in Table 2.6.A.

TABLE 2.6.A CORE COMPETENCIES FOR THE MPH AND LEARNING OUTCOMES FOR THE BSPH

| MPH CORE COMPETENCIES |
|---|
| MPH 1: Explain the organizational structure, financing, politics, and history of the public health and medical care systems. |
| MPH 2: Recognize the ecological nature of determinants of health that include biological, behavioral, social, environmental, economic, and political factors |
| MPH 3: Describe the approaches to disease prevention and control using tools from the five core areas of public health: behavioral science, biostatistics, environmental health, epidemiology, and health management and policy |
| MPH 4: Participate in multidisciplinary partnerships and coalitions as both a leader and participant |
| MPH 5: Appropriately utilize qualitative and quantitative data in order to effectively address public health problems |
| MPH 6: Use an evidence-based approach for the development of public health programs and policies |
| MPH 7: Utilize appropriate communication strategies to educate, disseminate, and advocate for health services and preventive interventions |
| MPH 8: Apply principles of management in program, organizational, and community initiatives |
| MPH 9: Apply principles of ethical reasoning, human rights, and cultural competence when working with and in organizations and communities |
| BSPH LEARNING OUTCOMES |
| BSPH 1: Demonstrate foundational knowledge of public health in relation to human cultures, history, science, and policy. |
| BSPH 2: Identify health characteristics, determinants, and needs across diverse populations. |
| BSPH 3: Recognize ways to implement evidence-based approaches to public health issues in communities. |
| BSPH 4: Communicate public health issues with an emphasis on social justice and the core disciplines of public health. |

2.6.b. Identification of a set of competencies for each concentration, major or specialization (depending on the terminology used by the school) identified in the instructional matrix. The school must identify competencies for all degrees, including graduate public health professional degrees, graduate academic degrees, graduate other professional degrees, as well as baccalaureate public health degrees and other bachelor's degrees.

Competency sets for the “other” undergraduate and graduate degrees listed in Table 2.1.1 are provided in ERF 2.6 Required Competencies > Competency Sets rather than in the body of the self-study.

MPH CONCENTRATION COMPETENCIES

The CPHSJ offers the MPH in the five core areas of public health, as well as BSDP, GLOH and MCH. The competencies for each of these concentration areas are listed in Table 2.6.b.1 below. For joint concentrations, the competency set is a combination of all competencies from each concentration.

TABLE 2.6.B.1 CONCENTRATION COMPETENCIES FOR THE MPH

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|--|
| MPH BEHAVIORAL SCIENCE AND HEALTH EDUCATION CONCENTRATION COMPETENCIES |
| BSHE 1: Apply conceptual models and theories at multiple ecological levels (intrapersonal, interpersonal, institutional, community and policy). |
| BSHE 2: Examine risk factors and determinants of specific health threats at multiple ecological levels. |
| BSHE 3: Assess needs, assets, resources and capacity for social and behavioral science interventions at multiple levels (intrapersonal, interpersonal, institutional, community and policy). |
| BSHE 4: Plan theory and evidence-based interventions (program/policy/environmental change) to improve health. |
| BSHE 5: Collaborate to implement public health related programs, policies, and environmental changes. |
| BSHE 6: Develop programs, policies and environmental strategies that address social determinants. |
| BSHE 7: Conduct evaluations (process, impact, and outcome) of public health related interventions using multiple methods. |
| MPH BIOSECURITY AND DISASTER PREPAREDNESS CONCENTRATION COMPETENCIES |
| BSDP 1: Analyze qualitative and quantitative data to accurately identify biological and other health hazards and measure risks, using epidemiological, statistical, and risk assessment methods and tools |
| BSDP 2: Use an evidence-based approach to develop and analyze effective human, animal, and environmental hazard control strategies, programs, and policies, taking into account legal and ethical considerations |
| BSDP 3: Explain the scientific characteristics, including transmission routes and control measures, of major biological hazards that result in human and animal health risk |
| BSDP 4: Create and disseminate tailored messages regarding biosecurity hazards and risks to responders, the public, the media, and policy makers |
| BSDP 5: Apply management principles in program, organizational, and community initiatives |
| MPH BIostatISTICS CONCENTRATION COMPETENCIES |
| BST 1: Articulate the principles of biostatistics. |
| BST 2: Compute descriptive and multivariate statistical tests and measures of association using statistical software, e.g., SPSS, Excel, SAS & R. |
| BST 3: Interpret results of statistical analyses. |
| BST 4: Communicate results of statistical analyses. |
| BST 5: Follow ethical norms and rules for acquiring, managing, sharing, securing and analyzing data. |

| MPH ENVIRONMENTAL AND OCCUPATIONAL HEALTH CONCENTRATION COMPETENCIES |
|--|
| EOH 1: Explain the reciprocal relationship between the condition of the environment and the health of its inhabitants. |
| EOH 2: Identify and describe human hazards in terms of physical, chemical, or biological properties and the potential health consequences of human exposure. |
| EOH 3: Measure and quantify exposure to environmental and occupational agents and determine associated health risks of exposure. |
| EOH 4: Suggest mechanisms to control exposure and mitigate or manage risk (engineering, behavioral, policy, etc.). |
| EOH 5: Assess the impact of environmental and occupational agents on populations and explain how that information is used to establish laws, regulations, and policies. |
| EOH 6: Communicate technical concepts, findings, and proposals to the public and to other health professionals. |
| MPH EPIDEMIOLOGY CONCENTRATION COMPETENCIES |
| EPI 1: Develop appropriate study designs and analytical strategies to test epidemiologic hypotheses. |
| EPI 2: Accurately interpret epidemiologic data. |
| EPI 3: Appropriately communicate epidemiologic findings. |
| EPI 4: Use data to describe the health of populations. |
| EPI 5: Critically analyze the epidemiologic literature. |
| MPH GLOBAL HEALTH CONCENTRATION COMPETENCIES |
| GLOH 1: Assess major forces that influence the health of vulnerable populations from a global perspective |
| GLOH 2: Prioritize health programs for communicable and non-communicable diseases in low- and middle-income countries with limited resources. |
| GLOH 3: Utilize a multidisciplinary approach to evaluate programs in low- and middle-income countries, and in poor communities in the U.S., that provide health programs. |
| GLOH 4: Respond to urgent health problems in low- and middle-income countries, including humanitarian crises and epidemics. |
| GLOH 5: Plan programs, policies and/or specific interventions to improve health services, or health status of individuals and communities. |
| GLOH 6: Effectively utilize the tools and channels of diplomacy to implement health programs across cultures, and across borders. |
| GLOH 7: Utilize appropriate cultural competency and communication skills via a mentored global health practice experience in a developing country. |
| MPH HEALTH MANAGEMENT AND POLICY CONCENTRATION COMPETENCIES |
| HMP 1: Leadership: Generate responses to problems, proposals, and politics in health policy and management. |
| HMP 2: Critical Thinking: Create policy approaches and alternatives within the contextual environment of health services delivery and public health. |
| HMP 3: Science and Analysis: Effectively use data and appropriate analytical methods to analyze and evaluate health politics, problems and proposals. |
| HMP 4: Management: Effectively work with people and develop teams to achieve goals. |
| HMP 5: Political and Community Development: Analyze political feasibility and impacts on key stakeholders to build community and collaborative partnerships at multiple levels (federal, state and local). |
| HMP 6: Communication: Effectively communicate the health politics, problems and proposals at multiple levels (federal, state and local) and to diverse, relevant stakeholders within and across organizations and communities. |
| MPH MATERNAL AND CHILD HEALTH CONCENTRATION COMPETENCIES |
| MCH 1: Describe the history and characteristics of MCH population health. |
| MCH 2: Communicate clearly to a variety of audiences, e.g., professional, lay, from various cultural and ethnic groups. |
| MCH 3: Use data to identify issues related to the health status of an MCH population. |
| MCH 4: Develop cultural sensitivity. |
| MCH 5: Plan and evaluate MCH policies and programs. |

| MPH PUBLIC HEALTH PRACTICE CONCENTRATION COMPETENCIES |
|--|
| PRFP 1: Use an evidence-based approach to develop and analyze effective human, animal, and environmental hazard control strategies, programs and policies, taking into account legal and ethical considerations. |
| PRFP 2: Explain the scientific characteristics, including transmission routes and control measures, of major biological hazards that result in human and animal health risk. |
| PRFP 3: Generate responses to problems, proposals, and politics in health policy and management. |
| PRFP 4: Create policy approaches and alternatives within the contextual environment of health services delivery and public health. |

MSPH AND PHD PHS CONCENTRATION COMPETENCIES

The CPHSJ offers the MSPH in two core areas of public health and offers the PhD PHS in six public health concentration areas. The core and concentration competencies for each are listed in Tables 2.6.b.2 and 2.6.B.3 below.

TABLE 2.6.B.2 CORE AND CONCENTRATION COMPETENCIES FOR THE MSPH

| MSPH CORE COMPETENCIES |
|--|
| MSPH 1: Identify gaps in current scientific knowledge and develop appropriate research questions. |
| MSPH 2: Apply appropriate methods of study design to address research questions. |
| MSPH 3: Apply ethical principles in the conduct of research on human subjects. |
| MSPH 4: Conduct and interpret basic descriptive and inferential statistics. |
| MSPH 5: Produce scholarly reports of research and/or programmatic findings. |
| MSPH BEHAVIORAL SCIENCE AND HEALTH EDUCATION CONCENTRATION COMPETENCIES |
| BSHE 1: Apply conceptual models and theories at multiple ecological levels (intrapersonal, interpersonal, institutional, community and policy). |
| BSHE 2. Examine risk factors and determinants of specific health threats at multiple ecological levels. |
| BSHE 3. Assess needs, assets, resources and capacity for social and behavioral science interventions at multiple levels (intrapersonal, interpersonal, institutional, community and policy). |
| BSHE 4. Plan theory and evidence-based interventions (program/policy/environmental change) to improve health. |
| BSHE 5. Develop programs, policies and environmental strategies that address social determinants. |
| BSHE 6. Conduct evaluations (process, impact, and outcome) of public health related interventions using multiple methods. |
| MSPH EPIDEMIOLOGY CONCENTRATION COMPETENCIES |
| EPI 1: Develop appropriate study designs and analytical strategies to test epidemiologic hypotheses. |
| EPI 2: Accurately interpret epidemiologic data. |
| EPI 3. Appropriately communicate epidemiologic findings. |
| EPI 4. Use data to describe the health of populations. |
| EPI 5. Critically analyze the epidemiologic literature. |

TABLE 2.6.B.3 CORE AND CONCENTRATION COMPETENCIES FOR THE PHD PHS

| |
|--|
| PHD PHS CORE COMPETENCIES |
| DOMAIN 1: CRITICAL THINKING Critically evaluate, integrate and challenge existing scientific knowledge. |
| DOMAIN 2: ANALYTICAL SKILLS Conduct research studies and interpret the results using inferential statistical methods or methods of qualitative data analysis. |
| DOMAIN 3: COMMUNICATION Write and speak clearly and effectively about scientific information for diverse audiences through scientific publications, grant applications, teaching / training, etc. |
| DOMAIN 4: MANAGEMENT AND LEADERSHIP Apply leadership and management principles to assemble and cultivate effective teams and successful projects or studies, including management of team members, budgets and the project. |
| DOMAIN 5: ETHICS AND PROFESSIONALISM Recognize and apply ethical principles for public health research and decisions on social justice and equity in the global environment. |
| DOMAIN 6: COMMUNITY / CULTURAL ORIENTATION Demonstrate knowledge, awareness and respect for the impact of cultural, structural, legal, political, and public health and social justice on health outcomes. |
| DOMAIN 7: TRANSLATION AND DISSEMINATION Use innovative methods to communicate scientific findings and implications to diverse audiences, ensuring appropriate strategies. |
| PHD PHS BEHAVIORAL SCIENCE AND HEALTH EDUCATION CONCENTRATION COMPETENCIES |
| Design intervention/behavioral science research that is appropriately grounded in theory, reflects knowledge of the study population and their contexts, and is appropriate to the chosen setting. |
| Analyze and articulate intervention/behavioral science research findings for use by multiple audiences, e.g., fellow researchers, public health practitioners, policy makers, advocacy groups and the lay public. |
| Develop and conduct an evaluation of an intervention using methods appropriate for the questions asked. |
| PHD PHS BIOSECURITY AND DISASTER PREPAREDNESS CONCENTRATION COMPETENCIES |
| Design research studies to measure and assess problems in biosecurity and related fields. |
| Apply qualitative and quantitative research methods and strategies to solve problems in biosecurity and related fields. |
| PHD PHS BIostatISTICS CONCENTRATION COMPETENCIES |
| Design research studies to address problems in biomedical and public health fields. |
| Apply biostatistical methods and computation strategies to solve problems in biomedical and public health fields. |
| Develop new biostatistical methods by applying fundamental ideas of biostatistics. |
| Environmental and Occupational Health Concentration Competencies |
| Demonstrate the ability to gather information on hazards and exposures, interpret this information based on rigorous models of risk, decide and prioritize which risks should be addressed, and communicate, manage and control these risks. |
| PHD PHS EPIDEMIOLOGY CONCENTRATION COMPETENCIES |
| Design and implement appropriate studies to test epidemiologic hypotheses and minimize bias. |
| Use statistical software to perform multivariable regression, survival analysis and longitudinal analysis; examine data for the presence of confounding and interaction. |
| Communicate advanced epidemiologic results succinctly and persuasively in both oral and written communication to both scientists and nonscientists. |
| Analyze the scientific literature to identify gaps in knowledge that can be used to formulate original hypotheses and research questions leading to scientific discovery, presentations and papers. |

| PHD PHS HEALTH MANAGEMENT AND POLICY CONCENTRATION COMPETENCIES |
|--|
| Critical Thinking: Formulate evidence-based policy alternatives for the improvement of healthcare delivery and outcomes. |
| Science and Analysis: Effectively use data and appropriate analytical methods to analyze, interpret and evaluate evidence to address health problems within the context of health management and policy. |
| Leadership: General appropriate study questions and aims to address problems in health management and policy. |
| Communication: Effectively communicate findings via oral and written communication to decision-makers, the community and the professional to inform processes related to health management and policy. |
| PHD PHS HEALTH SERVICES RESEARCH CONCENTRATION COMPETENCIES |
| Apply appropriate research and statistical methods in the design and conduct of clinical and population-based health outcomes research problems. |
| Demonstrate knowledge of development process for clinical, pharmaceutical and device interventions and apply appropriate research and statistical methods for the measurement and evaluation of efficacy of interventions. |
| Apply quantitative, qualitative and economic methods to solve problems in clinical and outcomes research. |
| Design effective and efficient research studies and clinical trials to address key outcomes research questions. |

2.6.c. A matrix that identifies the learning experiences (e.g., specific course or activity within a course, practicum, culminating experience or other degree requirement) by which the competencies defined in Criteria 2.6.a. and 2.6.b. are met. If these are common across the school, a single matrix for each degree will suffice. If they vary, sufficient information must be provided to assess compliance by each degree and concentration.

Table 2.6.1.A maps the MPH core competencies to the courses and learning experiences required in the core MPH curriculum. All MPH students are expected to gain these competencies through the learning experiences in the table. The competency by course matrices for each of the MPH concentrations are listed in ERF 2.6. Required Competencies > Table 2.6.1 Course Competency Matrices > MPH All Concentrations.

TABLE 2.6.1.A CORE COMPETENCY BY REQUIRED LEARNING EXPERIENCE IN THE CORE MPH CURRICULUM

| | Behavioral Science & Public Health | Principles of Biostatistics | Environmental & Occupational Health | Principles of Epidemiology | Mission & Practice of Global Public Health | Ethical issues in Public Health | Managerial Aspects of Public Health or Management of Health Care Organizations | PH or HMP Rounds | Practice Experience/Internship |
|---|------------------------------------|-----------------------------|-------------------------------------|----------------------------|--|---------------------------------|--|------------------|--------------------------------|
| MPH Core Competency | BSH 5000 | BST 5000 | EOH 5000 | EPI 5000 | PUBH 5010 | PUBH 5020 | PUBH 5110 or HMP 5300 | PUBH or HMP 5900 | PUBH or HMP 5910 |
| MPH 1: Explain the organizational structure, financing, politics, and history of the public health and medical care systems. | | | P | | P | | R | P | R* |
| MPH 2: Recognize the ecological nature of determinants of health that include biological, behavioral, social, environmental, economic, and political factors | P | | | P | P | | | | R* |
| MPH 3: Describe the approaches to disease prevention and control using tools from the five core areas of public health: behavioral science, biostatistics, environmental health, epidemiology, and health management and policy | R | P | P | P | P | | | | R* |
| MPH 4: Participate in multidisciplinary partnerships and coalitions as both a leader and participant | R | | | | P | | | | R* |
| MPH 5: Appropriately utilize qualitative and quantitative data in order to effectively address public health problems | | P | | P | | | | | R* |

| | Behavioral Science & Public Health | Principles of Biostatistics | Environmental & Occupational Health | Principles of Epidemiology | Mission & Practice of Global Public Health | Ethical issues in Public Health | Managerial Aspects of Public Health or Management of Health Care Organizations | PH or HMP Rounds | Practice Experience/Internship |
|--|------------------------------------|-----------------------------|-------------------------------------|----------------------------|--|---------------------------------|--|------------------|--------------------------------|
| MPH Core Competency | BSH 5000 | BST 5000 | EOH 5000 | EPI 5000 | PUBH 5010 | PUBH 5020 | PUBH 5110 or HMP 5300 | PUBH or HMP 5900 | PUBH or HMP 5910 |
| MPH 6: Use an evidence-based approach for the development of public health programs and policies | P | R | P | P | P | | R | | R* |
| MPH 7: Utilize appropriate communication strategies to educate, disseminate, and advocate for health services and preventive interventions | | | | P | | | | P | R* |
| MPH 8: Apply principles of management in program, organizational, and community initiatives | | | | | | | R | | R* |
| MPH 9: Apply principles of ethical reasoning, human rights, and cultural competence when working with and in organizations and communities | R | | | P | P | R | R | P | R* |

P=Primarily Gained, R=Reinforced *Depends on practice experience/internship

Table 2.6.1.B below maps the BSPH learning outcomes to the courses required in the curriculum. All students in the undergraduate program in public health are expected to achieve these outcomes.

TABLE 2.6.1.B LEARNING OUTCOME BY REQUIRED BSPH COURSES

| | Contemporary Challenges in Health Care | Intro to Global Health | Contemporary Issues in Global Health | Applied Biostatistics I | Public Health & social Justice | Evidence-Based Public Health | Intro Epidemiology: Foundations & Practice | Biological Basis of Public Health | Politics & Public Health Advocacy | Capstone in Public Health |
|--|--|------------------------|--------------------------------------|-------------------------|--------------------------------|------------------------------|--|-----------------------------------|-----------------------------------|---------------------------|
| Learning Outcomes | HMP 1300 | PUBH 2100 | PUBH 2300 | BST 3100 | PUBH 3100 | PUBH 3200 | EPI 4000 | PUBH 4100 | PUBH 4000 | PUBH 4960 |
| Demonstrate foundational knowledge of public health in relation to human cultures, history, science, and policy. | I | I | R | I | R | I | I, R | R | R | R |
| Identify health characteristics, determinants, and needs across diverse populations. | | I | R | | I | R | R | I | R | R |
| Recognize ways to implement evidence-based approaches to public health issues in communities. | | I | | | | I, R | | R | R | R |
| Communicate public health issues with an emphasis on social justice and the core disciplines of public health. | I | I | I | | R | | | | R | R |

I = Introduce; R = Reinforce

Table 2.6.1.c below maps the MSPH core competencies to the courses and learning experiences required in the core MSPH curriculum. The competency by course matrices for both of the MSPH concentrations are listed in ERF 2.6. Required Competencies > Table 2.6.1 Course Competency Matrices > MSPH All Concentrations.

TABLE 2.6.1.C CORE COMPETENCY BY REQUIRED LEARNING EXPERIENCE IN THE CORE MSPH CURRICULUM

| | Principles of Biostatistics | Intro to General Linear Modeling | Principles of Epidemiology | Mission & Practice of Global Public Health | Research Project |
|---|-----------------------------|----------------------------------|----------------------------|--|------------------|
| MSPH Core Competency | BST 5000 | BST 5100 | EPI 5000 | PUBH 5010 | PUBH 5990 |
| MSPH 1: Identify gaps in current scientific knowledge and develop appropriate research questions. | | | | | R* |
| MSPH 2: Apply appropriate methods of study design to address research questions. | R | R | P | | R* |
| MSPH 3: Apply ethical principles in the conduct of research on human subjects. | | | P | R | R* |
| MSPH 4: Conduct and interpret basic descriptive and inferential statistics. | P | P | P | | R* |
| MSPH 5: Produce scholarly reports of research and/or programmatic findings. | | | | R | R* |

P=Primarily Gained, R=Reinforced *Depends on project

Table 2.6.1.D below maps the PhD PHS core competencies to the courses and learning experiences required in the core PhD PHS curriculum. The competency by learning experience matrices for each PhD PHS concentrations are provided in ERF 2.6 Required Competencies > Table 2.6.1 Course Competency Matrices > PhD PHS All Concentrations.

TABLE 2.6.1.D CORE COMPETENCY BY REQUIRED LEARNING EXPERIENCE IN THE CORE PHD PHS CURRICULUM

| | Intro to General Linear Modeling | Design & Analysis in PH | Science, Theory and PH | Applied Research Skills in PH | Professional Development | Dissertation |
|---|----------------------------------|-------------------------|------------------------|-------------------------------|--------------------------|--------------|
| PHD PHS Core Competency | BST 5100 | PHS 6010 | PHS 6050 | PHS 6060 | PHS 6900 | PHS 6990 |
| DOMAIN 1: CRITICAL THINKING Critically evaluate, integrate and challenge existing scientific knowledge. | | X | X | X | X | X* |
| DOMAIN 2: ANALYTICAL SKILLS Conduct research studies and interpret the results using inferential statistical methods or methods of qualitative data analysis. | X | X | X | X | X | X* |
| DOMAIN 3: COMMUNICATION Write and speak clearly and effectively about scientific information for diverse audiences through scientific publications, grant applications, teaching / training, etc. | | | X | X | X | X* |
| DOMAIN 4: MANAGEMENT AND LEADERSHIP Apply leadership and management principles to assemble and cultivate effective teams and successful projects or studies, including management of team members, budgets and the project. | | | X | X | X | X* |
| DOMAIN 5: ETHICS AND PROFESSIONALISM Recognize and apply ethical principles for public health research and decisions on social justice and equity in the global environment. | | | X | X | X | X* |
| DOMAIN 6: COMMUNITY / CULTURAL ORIENTATION Demonstrate knowledge, awareness and respect for the impact of cultural, structural, legal, political, and public health and social justice on health outcomes. | | | X | | X | X* |
| DOMAIN 7: TRANSLATION AND DISSEMINATION Use innovative methods to communicate scientific findings and implications to diverse audiences, ensuring appropriate strategies. | | | | X | X | X* |

* Depends on dissertation.

2.6.d. An analysis of the completed matrix included in Criterion 2.6.c. If changes have been made in the curricula as a result of the observations and analysis, such changes should be described.

Once the MPH, BSPH, MSPH, and PhD PHS matrices were completed, we asked faculty in each department and program to review them to make sure their current courses and other learning experiences were adequately covering the competencies.

As the final step in the revision of the MPH competencies and development of BSPH learning outcomes, faculty were required to map the competencies to more specific course learning objectives. They indicated the type(s) of teaching strategies they planned to use to help students meet the learning objectives. Finally, they indicated how they were going to assess the learning objectives as a way to assure that students were gaining the competencies covered in that course. See ERF 2.6 Required Competencies > MPH Competency Process for the overview and worksheet used for this activity. The point of this exercise was to encourage faculty to show with confidence that they were helping their students become more competent in core areas by creating assessments specific to the learning objectives, which then relate back to competencies. It was developed so that faculty could reflect on how they were preparing and delivering their courses. We knew we needed to orient faculty to public health teaching, because not only is the faculty about twice as large as it was since several faculty left in 2008, but we have a number of junior faculty. Several had no prior academic experience and some did not have any public health experience. We believed this exercise could serve as a tool to assist faculty develop a public health course.

Prior to this exercise, we had one to two sessions with the CCTL in which we discussed assessment, writing objectives, differences between learning objectives and competencies, etc. We supplemented these workshops with literature about Bloom's taxonomy, encouraging faculty to focus on higher levels of cognition (especially for the MPH program) as they planned their courses. The majority of faculty who taught in fall 2014 and spring 2015 completed the exercise; however, many anecdotal comments we received suggested that faculty viewed the exercise as busy work, instead of a way to help improve their courses. We surveyed faculty in April 2015 to determine the impact, if any, of this exercise on their teaching. Twenty-two of 69 (32%) completed the survey. Of those who completed the activity (n=21), over half (57%) indicated the activity was easy to complete and 62% indicated the activity helped improve their teaching. However, during the summer of 2015, we reviewed the faculty completed activities and compared them to their syllabi, i.e., did they, as instructed, enter the competency to learning objective to assessment table in their syllabi. We found a mixed bag of results, e.g., some faculty continued to use the old competencies, some faculty did not enter competencies at all, some faculty did not use the syllabus template, and some followed our instructions and used the correct syllabus template with the competency to learning objective to assessment table. At that point we realized there was still a fair amount of work to do to help faculty understand their responsibility related to teaching in a competency-based program. Over the summer, we worked with department chairs to train them to help their faculty accomplish this task.

There were no curricular changes made in the MPH program based on this matrix, but see section 2.9 that describes changes made in the BSPH based on the required domains.

2.6.e. Description of the manner in which competencies are developed, used and made available to students.

MPH COMPETENCIES

The most recent set of MPH, BSPH and PhD PHS competencies were developed over the course of a year and a half (2013-14) and solicited the input of faculty, preceptors and employers. For the MPH, we conducted a seven step process (ERF 2.6 Required Competencies > MPH Competency Process) that began with illustrating a comparison of the CPHSJ existing competencies, the Association of Schools and Programs of Public Health's (ASPPH) most recent competencies, and two sets of competencies from SPHs that had significantly reduced their sets as a way to make them more manageable and usable. Next, faculty were asked to submit a limited number of skills they believed to be imperative for any MPH student to have at graduation from our MPH program. We asked faculty to keep the mission of our school (at the time) in mind as they were identifying skills. In a parallel activity, we invited preceptors and employers to participate in a nominal group process that identified, from their perspective, the most important skills for the MPH. We did not include students in this activity because we believed that those individuals currently working in the field could provide more relevant data, especially because the majority of our students do not have public health work experience. Data from faculty, preceptors and employers were organized and created into 10 core competencies (three knowledge-based and seven skill-based) and then sent back to faculty, employers and preceptors for their review and approval. Once the core competencies were approved, each of the departments and programs created a set of discipline specific competencies based on current theory and practice. Next, all competencies were mapped to the courses. The competencies associated with learning objectives and assessment (described in section 2.6.d) are required to be in syllabi. The core competencies and those for each concentration are listed on the [College website](#).

MSPH COMPETENCIES

The MSPH core competencies were developed by a small group of faculty during the 2014-15 and were based on the PhD competencies, recognizing that the competencies should be research focused. The faculty reviewed the PhD competencies and chose those believed to be appropriate for the MSPH, including public health and research skills. Concentration competencies were developed by faculty in the associated departments. The core MSPH competencies are listed on the [College website](#).

BSPH LEARNING OUTCOMES

The current set of program learning outcomes was developed over the course of a year (2013-14) and elicited input of faculty, alumni, and community partners who serve as SL sites for our undergraduate public health students. We conducted a seven step process that paralleled the MPH competency development process. We began with an examination of CPHSJ's existing BSPH learning outcomes (selected from the four domains in the ASPPH Undergraduate Learning Outcomes Model), ASPPH's *Critical Components of an Undergraduate Major in Public Health*, and competencies from several undergraduate BSPH programs; the latter focused on institutions that had a significantly reduced set of learning outcomes (e.g., three to eight) as a way to make them more manageable and usable. Next the undergraduate public health steering committee was asked to submit a limited number of skills they believed to be important for BSPH students to have by the time they reach graduation. As a group, the steering committee developed four learning outcomes. Students were not included in this process for the same

reason they were not included in the MPH process. The competencies were then vetted to alumni and community partners (who represented potential employers of a BSPH graduate) for their review, suggestions, and approval. Based upon feedback from alumni and community partners, the learning outcomes were (minimally) modified and reviewed by the undergraduate public health steering committee. These learning outcomes were mapped to the required BSPH courses. Faculty were then required to map the learning outcomes to course learning objectives, and assessment of learning objectives. The learning outcomes associated with course learning objectives and assessment (described in section 2.6.d) are required to be in syllabi. The competencies are listed on the [College website](#).

PHD PHS COMPETENCIES

In 2008-2009, the doctoral committee for the doctorate in PHS reviewed the competency sets put forth by national bodies and met with the doctoral program representatives as well as the faculty as a whole to brainstorm competency domains and specific associated skills. This resulted in the establishment of eight domains: critical thinking, analytic skills, communication, leadership, management, ethics and professionalism, community/cultural orientation, translation and dissemination. Each domain had between four and eight competencies, for a total of 43 competencies. There were no concentration-specific competencies for the seven concentrations within the PhD PHS program. We presented these to the faculty as a whole for discussion and approval. Once approved, we examined our core courses and modified them as needed to ensure that all students in the program would achieve a basic level of competency in the identified areas.

In fall 2014, the doctoral committee (with student representation) revisited this set of competencies. The competencies for each of the eight domains were summarized into a single competency for that domain. In addition, two to three concentration-specific competencies were developed by the faculty in the seven concentrations and submitted to the doctoral committee. We then reviewed the courses to assure that the competencies (both the general courses that all PhD students take regardless of concentration and the concentration specific ones) are covered either in the courses that the students take or in the research done for the dissertation. The PhD PHS competencies are listed in the syllabi and [posted on the College website](#).

2.6.f. Description of the manner in which the school periodically assesses changing practice or research needs and uses this information to establish the competencies for its educational programs.

The most recent sets of competencies and learning objectives were developed during this self-study process as described above. Going forward, the steering committees for each of the MPH, BSPH and PhD PHS degrees will establish processes for regularly updating competencies. Review cycles will occur minimally every five years. To date, but not always reflected in competency and learning objective modification, faculty have revised and updated courses to respond to the changing needs of the fields. These changes have resulted from discussions with preceptors, employers, and students. We will gather additional information from the process of collecting regular alumni data and by asking MPH students to self-assess on the competencies.

2.6.g. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

This criterion is met with commentary.

STRENGTHS:

- The MPH, BSPH, MSPH, and PhD PHS have competencies (learning outcomes for undergraduate degrees) that help guide their curriculum. The MPH competencies were developed taking into consideration the mission of the SPH, prior to the College mission being developed.
- All other academic programs have competencies/learning outcomes that help guide their curricula.
- Competencies/learning outcomes are mapped to learning experiences in each of the academic programs.
- Competencies/learning outcomes are mapped to learning objectives and assessment for all required courses.
- MPH, BSPH and PhD PHS competencies were revised in 2013-14 and 2014-15.

WEAKNESSES:

- Faculty are still learning the importance of developing curricula from competencies as opposed to fitting the competencies to existing courses. They are still unclear about the importance of demonstrating to students why we cover certain content and what we expect them to achieve from the learning activities, i.e., they do not necessarily see the importance of mapping the competencies to the learning objectives and assessment.
- Some of the competencies use lower levels of Bloom's taxonomy, suggesting that the courses are not as challenging as they should be for their level (undergraduate, graduate).
- Although all of the competencies for all programs have recently been developed and or reviewed, we have no process in place to regularly update competencies.
- Students were not involved in the revision/development of the competencies.

PLANS:

- The CPHSJ will continue to invite the CTTL to conduct workshops on writing objectives and competencies and develop curricula that follow. We will have them discuss this topic at least once per academic year. The last time they presented this workshop was April 2015, but attendance was extremely low. We spent part of the summer training chairs to help their faculty understand competency-based education.
- The University has developed a process for conducting program assessment of all of its academic programs beginning in the 2015-16 academic year. Knowing this, the ADAA and academic program directors met with the university assessment coordinator to help us think through how we can develop competencies and learning objectives that are useful, evaluable, and appropriate for the level of student the program is addressing. We will continue to work with the assessment coordinator to prepare for the required University program assessment.

- The CPHSJ will develop processes for regularly updating all competencies and learning outcomes. Reviews and updates will occur minimally every five years depending on changes in professional standards and the fields. For the MPH and BSPH, we will develop a system by which we regularly involve alumni, preceptors, employers, faculty, and students in the review and update of the competencies and learning objectives so that we are preparing students to meet the demands of the public health workforce and are directly related to the mission of the College. We are in the process of developing a community advisory board for the MPH, which will include alumni, preceptors and employers. This group will likely serve as an avenue to review and update competencies. For the MSPH and PhD PHS, we will include alumni, employers, faculty, and students in the review and update of competencies. Each academic program will be responsible for developing a protocol for updating competencies/learning outcomes by the 2016-17 academic year.

2.7 Assessment Procedures.

There shall be procedures for assessing and documenting the extent to which each professional public health, other professional and academic degree student has demonstrated achievement of the competencies defined for his or her degree program and area of concentration.

2.7.a. Description of the procedures used for monitoring and evaluating student progress in achieving the expected competencies, including procedures for identifying competency attainment in practice or research, as applicable, and in culminating experiences.

Table 2.7.A lists activities that assess level of competence achieved in the CPHSJ public health degree programs (MPH, MSPH, BSPH and PhD PHS). Following the table is a description of each of these direct and indirect measures used to assess student competency.

TABLE 2.7.A METHODS TO ASSESS STUDENT COMPETENCY IN PUBLIC HEALTH DEGREES

| Assessment Methods | MPH | MSPH | BSPH | PhD PHS |
|------------------------------------|------------------|------|------|------------------|
| <i>Direct</i> | | | | |
| Alumni Survey | X | X | X | X |
| Annual Program Assessment | X | X | | X |
| Capstone Course | X | X | X | |
| Competency Self-Assessment Survey | X ⁽¹⁾ | | | |
| Dissertation Defense | | | | X |
| Exit Survey | X | | X | |
| Graded Course Assignments | X | X | X | X |
| Oral Comprehensive Examination | X | | | X |
| Preceptor Evaluation of Internship | X | | | |
| Publishable Manuscript | X ⁽²⁾ | X | | X ⁽³⁾ |
| Research Project Defense | | X | | |
| Student Evaluation of Internship | X | | | |
| Written Comprehensive Examination | | | | X |
| <i>Indirect</i> | | | | |
| Annual Review | X | X | X | X |
| Graduate Research Evaluation | X | X | X | X |

FOOTNOTES TO TABLE 2.7.A

(1) Beginning Fall 2015 for all MPH except MPH-HMP. The students in the MPH-HMP program have been assessed based on competencies since the inception of the degree.

(2) MPH-EPI concentrators develop a publishable manuscript in the capstone course (ERF 2.7 Assessment Procedures).

(3) If the student chooses the three paper model (ERF 2.12 Doctoral Degrees).

DIRECT ASSESSMENT

Alumni Surveys: The BSPH, MPH and PhD alumni surveys assess competency attainment and how skills gained in graduate study are used in their job. The MPH and PhD alumni surveys (ERF 2.7 Assessment Procedures > Surveys> MPH Alumni Survey 2013 and PhD PHS Alumni Survey 2014) were last conducted in 2013 and 2014, respectively. Going forward, the online alumni surveys will be administered bi-yearly for students in the two previous years. BSPH graduates receive an alumni survey (ERF 2.7 Assessment Procedures > Surveys > BSPH, BSEM, BSHM Alumni Survey Spring 2015) that assesses the degree to which they feel the undergraduate training helped them achieve the learning outcomes. As many undergraduates may not work in public health following graduation (e.g., they attend medical school, graduate school, or work in other fields), employment/student status is also reported and considered. These surveys are

planned for one year after graduation and every two years after that. See section 2.7.e for full details of alumni survey results.

Annual Assessment: Beginning in AY15-16, the University is requiring all academic programs to develop a plan to regularly assess the extent to which the students are gaining competencies. The CPHSJ's plan is due late fall 2015. We have begun to discuss the timing and extent of each of the programs' assessment in preparation to submit the plan.

Capstone Courses: With the exception of the MPH-GLOH, MPH students take a capstone course that integrates the knowledge and skills introduced in their concentrations and allows them to demonstrate the level of competency they have achieved. The most recent syllabi for each of the capstone courses can be found in ERF 2.5 Culminating Experience > Syllabi. An overview of each of the capstone courses can be found in ERF 2.5 Culminating Experience > MPH Capstone Descriptions.

BSPH students who entered the major in fall 2014 and later will take a capstone course. This course will be offered for the first time in spring 2017 and will integrate knowledge and skills learned throughout the major. It will include activities that relate to the learning outcomes for the major. The syllabus for the capstone can be found ERF 2.9 Bachelor's Degrees in Public Health > BSPH Syllabi.

Competency Self-Assessment Survey: In 2008, the MPH program began requiring students to complete a survey to self-assess their competency achieved at the end of their first and second years. It quickly became evident that the competencies were too cumbersome to allow a valid measurement of attainment. Thus, we decided to rely on the oral comprehensive examination and practice experience to determine the extent of competency achievement, albeit a loose assessment of competencies. With our revised set of competencies, we will require a self-assessment at the beginning and end of each year. This approach is modeled on the MPH-HMP method for competency self-assessment, a practice used since the beginning of the MPH-HMP. See ERF 2.7 Assessment Procedures > Surveys > Competency Self-Assessment Surveys, which will be administered in the fall 2015 for the first time.

The MPH-HMP (and the MHA) programs administer a competency self-assessment three times over the two years: baseline, after the internship in the first summer and at the end of the programs. The last survey was administered in the spring of 2015 and had a response rate of only 20% (45% for the MHA students). One reason for the low response was that the survey is now online and fewer reminders went out to students. See ERF 2.7 Assessment Procedures > Surveys > Competency Self-Assessment Surveys for the MPH-HMP survey and results.

Historically, MPH students have self-assessed on the competencies in preparation for the practice experience. Beginning with the class entering in AY2014-15, students will self-assess their competency achievement at the end of the practice experience as well (ERF 2.4 Practical Skills > MPH Student Post-Experience Assessment and Final Evaluation).

Dissertation Defense: All PhD PHS candidates present their final project to a dissertation committee of at least three faculty. All defenses are public and advertised two weeks prior by sending out emails and posting fliers throughout the building. Students are required to integrate critical thinking, analytic skills, communication skills, and ethics and professionalism (core PhD competencies) as they present their final research findings and evaluation of their work.

Exit Surveys: BSPH students complete a graduation exit survey that serves as a process and impact evaluation. Program learning outcomes are assessed indirectly by items that require students to indicate the degree to which they feel they have achieved each outcome. Exit surveys are administered three times a year, corresponding to May, August, and December graduations (ERF 2.7 Assessment Procedures > Surveys > BSPH, BSHM, BSEM Graduation Exit Surveys).

Graded Course Assignments: Faculty who teach credit-bearing courses use a variety of assignments, including quizzes, exams, papers, reports, briefs, memos, projects, oral presentations, etc. Allowable grades in SLU graduate courses are A, A-, B+, B, B-, C+, C, C-, and F. Undergraduate courses allow these and a grade of D.

Graduate students must earn a "B-" or better in core and required courses and a minimum of a "C" in elective courses. They must maintain a 3.0 GPA to remain in good academic standing and to graduate from the SLU CPHSJ.

BSPH students must maintain a minimum 2.5 cumulative GPA to remain in good academic standing and to graduate. Students must earn a minimum grade of "C" in major courses, "C-" in core, and "D" in general electives. Students following the new curriculum that rolled out in fall 2014 must also earn a "C" or higher in all major elective courses.

Oral Comprehensive Examinations: MPH students sit for an oral comprehensive examination at the end of their program. Examination processes are described in Section 2.5. Historically, the oral exams were based on content that loosely related to the competencies. The MPH-HMP oral examinations, however, have been developed based on competencies since the inception of the degree (section 2.5). Going forward, the faculty will be required to clearly demonstrate the relationship of the examination questions to the competencies. MPH oral exam processes are evaluated annually by student and faculty surveys. See ERF 2.7 Assessment Procedures > Survey > MPH Oral Comprehensive Exam Faculty Survey Responses and MPH Oral Comprehensive Exam Student Survey Responses for the most recent results.

The oral examination for the PhD PHS serves two functions: to ascertain whether the student has the competencies required to pursue the dissertation topic and to indicate to the student whether the committee feels that the proposed research is feasible and could result in a satisfactory product within the available time and resources. During the oral exam, the committee:

- Determines whether the student has significant breadth and depth of knowledge in the concentration area of emphasis and the dissertation topic.
- Measures the student's ability to analyze and synthesize information.
- Evaluates the originality, publication (broadly defined), and dissemination potential of the research.
- Evaluates whether the student has adequate knowledge of recent advances in methodological issues relevant to the topic area.
- Evaluates the methodological rigor of the proposed research.
- Evaluates the candidate's understanding of the details of the methodological and analytic work related to the dissertation.
- Evaluates the candidate's ability to answer additional questions posed by the faculty and participate in a discussion related to the dissertation topic.
- Determines if the candidate presented in a professional manner with confidence.

Preceptor Evaluation of Internships/Practice Experience: Upon completion of the practice experience, preceptors evaluate each MPH student for competency in cross-cutting domains on a 3-point Likert scale: 1) Significant/above average competence; 2) Moderate/ average competence; 3) Limited/no competence; or 4) Unable to assess. Evaluation of preceptor scores for internships completed between 2007 (last site visit) and 2014 found scores ranged from 2.40 to 2.91. The lowest scores were found on three competencies: 1) Explain the legal and political processes of developing policy at the national, state or local levels; 2) Identify the organizational relationships in the delivery of health services in a community and the patterns of health access among individuals and within various communities; and 3) Explain how public and private organizations operate and interact within a community (including strategies for team building and resource sharing). As we have enhanced the PUBH5010 and 5110 courses, we are considering these topics in the course content, while relying mostly on the new competencies to guide the course development. Preceptors will continue to rate students on the new sets of competencies, and data will be reviewed each year and used to revise the curriculum as needed. Preceptors also evaluate students on professional characteristics, approach to tasks, and technical skills. They can also comment on the student's contribution to the organization's work (ERF 2.4 Practical Skills > MPH Preceptor Final Evaluation).

MPH-HMP preceptors evaluate students on their strengths, weaknesses, and professionalism. The preceptors also provide suggestions to the student for ways in which they can increase competency (ERF 2.4 Practical Skills > MPH-HMP Preceptor Evaluation of the Intern).

Post-Graduation MPH and MSPH Placement Surveys: Each year, placement surveys are sent to all December, May and August graduates. Questions ascertain whether the student has a job placement and/or continuing education and specifics related to those (ERF 2.7 Assessment Procedures > Surveys > Post-Graduation Placement Survey MPH & MSPH).

Publishable manuscript: MSPH students are required to write and present a publishable-quality paper that is the result of their research (ERF 2.11 Academic Degrees > MSPH > Manuscripts). This demonstrates research competency within the context of a public health problem.

PhD PHS candidates can complete a traditional dissertation or a three paper model dissertation. The latter requires at least three related articles published, accepted, or submitted to peer-review journals; students must be first author on at least two papers, and each article becomes a dissertation chapter. Two manuscripts must be fully accepted in a high-impact journal and the third under review before the dissertation defense is scheduled. Links to recent published manuscripts and a sample of a three paper model dissertation can be found in ERF 2.12 Doctoral Degrees.

Student Evaluation of Internships/ Practice Experience: Prior to the internship, MPH students (excluding MPH-HMP) work with preceptors to identify six competencies to focus on and develop a work plan to address them. Students reflect on their progress in competency development at six points during the internship and in a final poster. (See practice experience description of internship in section 2.4 and forms in ERF 2.4 Practical Skills.) In addition, beginning AY14-15, MPH students (excluding MPH-HMP) self-assess on practice experience competencies prior to and after the practice experience as explained in section 2.4.

Written Comprehensive Examinations: PhD PHS students sit for three written comprehensive examinations designed to evaluate core competencies (critical thinking, analytic skills, communication, management and leadership, ethics and professionalism, community/cultural orientation, and translation and dissemination) and concentration specific competencies. The

exams are foundations, analytic and concentration specific (ERF 2.7 Assessment Procedures > PhD PHS Written Oral Comprehensive Examination Examples).

INDIRECT FORMS OF ASSESSMENT

In addition to the assessment activities described above, there are additional indirect methods used to track students' progress and assess their competency level.

Annual Review: All graduate students at SLU are required to meet with their faculty mentor at least once per year to review their progress in the program. For the master's students, the review is documented electronically in our Banner system. For doctoral students, each year they and their mentors complete the Performance Assessment and Career Enhancement (PACE) form (ERF 2.12 Doctoral Degrees > PACE Form). This form focuses on accomplishments, challenges, strengths, weaknesses, goals and concerns presented by both the student and their mentor. The PhD PHS program co-directors review the responses to evaluate student progress and address any concerns or problems that arose throughout the year.

Graduate/Teaching Assistantship Performance: Students who hold assistantships are evaluated by their mentor during fall and spring semesters. The fall evaluation provides feedback about performance pertaining to agreed-upon responsibilities and recommendations to enhance further advancement for the remainder of the contract period. Survey results are reviewed internally by the research and academic affairs offices. The spring evaluation collects data about tasks/tangible products (e.g., presentations, grants submitted, manuscripts, etc.) completed, how the assistantship connected with academic and/or career goals, and what can be improved. Faculty mentors and assistants are encouraged to discuss the evaluation with each other. Results are compiled into a report for CPSHJ administration, faculty, and the associate vice president for graduate education (ERF 3.1 Research > GRA Evaluation Instruments).

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- 2.7.b. Identification of outcomes that serve as measures by which the school will evaluate student achievement in each program, and presentation of data assessing the school's performance against those measures for each of the last three years. Outcome measures must include degree completion and job placement rates for all degrees (including bachelors, master's and doctoral degrees) for each of the last three years. See CEPH Data Templates 2.7.1 and 2.7.2. If degree completion rates in the maximum time period allowed for degree completion are less than the thresholds defined in this criterion's interpretive language, an explanation must be provided. If job placement (including pursuit of additional education) within 12 months following award of the degree includes fewer than 80% of the graduates at any level who can be located, an explanation must be provided.**
-

Primary outcome measures include graduation and placement rates. ERF 2.7 Assessment Procedures > Tables 2.7.1 Degree Completion (Public Health and Other) illustrate graduate rates for each degree for the appropriate time to graduation allotted. Table 2.7.B.1 below provides an overview of the graduation rates for all degrees. Graduation rates for all degrees, with the exception of the MSPH, far exceed the CEPH required rates. The MSPH-EPI was started to meet the needs of busy physicians who wanted to advance their research skills. When the degree first started in the early 2000s, we had a fair amount of interest in pursuing the degree. Over time, the interest has waned, and two to three physician students decided not to finish the degree for various reasons. We maintain the degree because the SLU department of community and family medicine has begun to require the degree for two of their fellowships. We expect the graduation rates among those students to be high given the structure of their programs.

TABLE 2.7.B.1 SUMMARY OF GRADUATION RATES⁽¹⁾ FOR ALL DEGREES IN THE COLLEGE

| | CEPH Target % | CPHSJ Target % | AY12-13 (%) | AY13-14 (%) | AY14-15 (%) |
|----------------------------|------------------|-------------------|---------------------|---------------------|--------------------|
| BSPH | 70 | 80 | 83.3 | 90.9 | 100 |
| All Undergraduate in CPHSJ | 70 | 80 | 88.9 | 91.5 | Minimally 87.3 |
| MPH | 70 | 90 | 80.6 | 83.1 | 90.7 |
| All Master's in CPHSJ | 70 | 85 | 80.0 | 83.3 | 85.9 |
| MSPH | 70 | 90 | n/a ⁽²⁾ | 40.0 | n/a ⁽²⁾ |
| PhD PHS | 60 | 70 | 81.8 | 72.7 | n/a ⁽³⁾ |
| All Doctoral in CPHSJ | 60 | 70 | 81.8 ⁽⁴⁾ | 72.7 ⁽³⁾ | n/a ⁽⁴⁾ |

FOOTNOTES TO TABLE 2.7.B.1

(1) The maximum allowable time to graduate is as follows:

- 6 years: all undergraduate degrees
- 5 years: all master's degrees
- 7 years: all doctoral degree students admitted prior to fall 2014
- 8 years: all doctoral degrees effective fall 2014

(2) No MSPH students were admitted 5 years back.

(3) The PhD PHS program suspended admitting students for one year (AY08-09). This explains why there are no PhD PHS graduating students to report on for this academic year.

(4) The first PhD SW students (5 total) were admitted in fall 2014; no one has yet graduated.

Job placement numbers for students in the MPH, MSPH, BSPH and PhD PHS programs are listed below in Table 2.7.2. Placement rates are noted in the outcome measure Table 2.7.B.2. The CPHSJ exceeds the minimally required placement rates among known alumni. The MSPH is a bit misleading, however, as students in that program are usually working adults who attend the program on a part-time basis.

TABLE 2.7.2 EMPLOYMENT TYPE OF MPH, BSPH, MSPH AND PHD PHS GRADUATES⁽¹⁾ BY ACADEMIC YEAR

| Employment Type | AY12-13 | AY13-14 | AY14-15 ⁽²⁾ |
|---|-----------|-----------|-------------------------|
| MPH Graduates | | | |
| Employed | 57 | 57 | 19 |
| Continuing education/training (not employed) | 6 | 4 | 2 |
| Actively seeking employment | 10 | 6 | 4 |
| Not seeking employment (not employed and not continuing education/training, by choice) | 0 | 0 | 0 |
| Unknown | 4 | 18 | 41 |
| TOTAL MPH GRADUATES | 72 | 83 | 66⁽³⁾ |
| BSPH Graduates | | | |
| Employed | 7 | 12 | 13 |
| Continuing education/training (not employed) | 15 | 33 | 16 |
| Actively seeking employment | 0 | 1 | 5 |
| Not seeking employment (not employed and not continuing education/training, by choice) | 3 | 0 | 0 |
| Unknown | 6 | 7 | 7 |
| TOTAL BSPH GRADUATES | 31 | 53 | 41 |

| Employment Type | AY12-13 | AY13-14 | AY14-15 ⁽²⁾ |
|---|-----------|----------|------------------------|
| MSPH Graduates | | | |
| Employed | 1 | 5 | 1 |
| Continuing education/training(not employed) | 0 | 0 | 0 |
| Actively seeking employment | 0 | 0 | 0 |
| Not seeking employment (not employed and not continuing education/training, by choice) | 0 | 0 | 0 |
| Unknown | 0 | 0 | 0 |
| TOTAL MSPH GRADUATES | 1 | 5 | 1 |
| PhD PHS Graduates | | | |
| Employed | 10 | 7 | 3 |
| Continuing education/training (not employed) | 1 | 0 | 0 |
| Actively seeking employment | 0 | 0 | 3 |
| Not seeking employment (not employed and not continuing education/training, by choice) | 0 | 0 | 0 |
| Unknown | 0 | 0 | 0 |
| TOTAL PhD PHS GRADUATES | 11 | 7 | 6 |

FOOTNOTES TO TABLE 2.7.A

(1) The academic year includes degree conferrals in December, May and August, in that order.

(2) Data are as of August 3, 2015 and will be updated at the visit.

(3) This N does not include August 2015 graduates.

Additional outcome measures for the MPH include pass rates on oral comprehensive examinations and the proportion of APHA Annual Conference student attendees who also present their work. See Table 2.7.B.2 below.

The pass rate for the MPH oral comprehensive examination (culminating experience) has decreased over the past three years. We believe this may be due to several factors. Prior to the 2013-14 academic year, if students missed any part of the exam, they had to repeat the entire exam and we found faculty reluctant to grade students as failing, especially new and junior faculty. Additionally, we went from a three to two member committee (due to capacity) and the use of a rating form. Therefore, faculty examiners have a more objective way to evaluate students. We continue to evaluate the comprehensive examination process as we strive for 100% pass rates. We survey both faculty and students regarding the exam process, quality of questions, timing, etc. the week after the exams are completed (for the MPH) and immediately after the exam for the MPH-HMP. Results from the surveys are used to improve the process of the exams. Survey results for the spring 2015 MPH oral comprehensive examination can be found in ERF 2.7 Assessment Procedures > Surveys > MPH Student Oral Comprehensive Exam Student and Faculty Survey Responses.

The CPHSJ at SLU has, historically, had the highest student participation at APHA among Schools of Public Health with 32, 31, and 42 students attending in each of the academic years, respectively, listed in Table 2.7.B.2.

PhD PHS outcome measures include publications and conference presentations. Table 2.7.B.2 provides data on these outcome measures for the last three years. These data suggest that our doctoral students can and should be publishing and presenting more. See section 2.12 that describes our doctoral program and recent improvements.

TABLE 2.7.B.2 ADDITIONAL OUTCOME MEASURES FOR STUDENT ACHIEVEMENT IN THE PUBLIC HEALTH DEGREES

| Outcome Measure | Target | AY12-13 % | AY13-14 % | AY14-15 ¹ % |
|---|-----------------------|-------------------------|-------------------------|---------------------------|
| MPH job placement rate | CEPH 80% CPHSJ 90% | 100 | 90 | 84% |
| BSPH job placement rate | CEPH 80% CPHSJ 90% | 88 | 98 | 86% |
| MSPH job placement rate | CEPH 80% CPHSJ 90% | 100 | 100 | 100 |
| PhD job placement rate | CEPH 80% CPHSJ 90% | 100 | 100 | 50% |
| Pass Rate (1 st Attempt) on the MPH Oral Comprehensive Exam | 100% | 99 | 96 | 88 |
| MPH student presentations at APHA (among those who attend the conference) | 30% | 9 | 16 | 33 |
| Outcome Measure | Target | CY2012 (41 students) | CY2013 (39 students) | CY2014 (39 students) |
| Total # PhD PHS Student Publications | 25 | 41 | 22 | 28 |
| 1 st author | 5 | 10 | 3 | 0 |
| Other author | 20 | 31 | 19 | 28 |
| Total # PhD PHS Student Conference Presentations | 40 | 48 | 34 | 33 |
| 1st author | 20 | 15 | 19 | 17 |
| Other author | 20 | 33 | 15 | 16 |

FOOTNOTES TO TABLE 2.7.A

(1) Data are as of August 3, 2015 and will be updated at the site visit.

2.7.c. An explanation of the methods used to collect job placement data and of graduates' response rates to these data collection efforts. The school must list the number of graduates from each degree program and the number of respondents to the graduate survey or other means of collecting employment data.

MPH/MSPH

We send a Post-Graduation MPH and MSPH Placement Survey (see section 2.7.a) to December, May and August graduates within three months of degree conferral. A follow-up is sent to non-responders one month later (ERF 2.7 Assessment Procedures > Surveys > Post Graduation Placement Survey MPH and MSPH).

Because response rates are historically low, we also query faculty, search social media (e.g., LinkedIn, Facebook), and conduct general Internet searches for employment information about recent graduates. Using this approach, we have been able to identify a fair number of graduates and their employment/post graduate status over the three years of the self-study.

BSPH

The program staff collects information on publicly available sites such as LinkedIn and Facebook. We have created a master alumni database (in 2014) to record graduates' next steps with the source of information noted. Exit surveys that collect information about job placement are administered three times a year, corresponding to May, August, and December graduations. Starting in December 2014, we began to conduct annual alumni surveys to monitor both

placement and impact of learning outcomes on current work or graduate study. To date, in 2014-2015, we received a 47.6% response rate to BSPH graduation exit surveys (20/42).

PHD PHS

Because we have such a small number of graduates from the PhD program each year, we typically reach out to them either by contact information we have, through their colleagues, and/or social media searches.

Response rates to the BSPH and MPH surveys for recent years for which we have completed the full 12 month reporting period are indicated in Table 2.7.c below.

TABLE 2.7.C. RESPONSE RATES TO JOB PLACEMENT SURVEYS

| Degrees | AY11-12 Graduates | AY12-13 Graduates | AY13-14 Graduates | AY14-15 Graduates |
|---------|-------------------|-------------------|-------------------|---------------------------------|
| BSPH | NA | NA | 55% (n=22) | 48% (n=20); Updated at visit |
| MPH | 65% (n=33) | 57% (n=40) | 31% (n=22) | Updated at visit |
| MPH-HMP | 56% (n=5) | 50% (n=6) | 83% (n=10) | Updated at visit |
| PhD PHS | NA | NA | NA | NA |

2.7.d. In fields for which there is certification of professional competence and data are available from the certifying agency, data on the performance of the school's graduates on these national examinations for each of the last three years.

Students and graduates sit for the Certification in Public Health (CPH) and the Certified Health Education Specialist (CHES) examinations. Results from the last three years are listed below in table 2.7.D. Although we do not have large numbers of students sitting for the exams, our students do exceptionally well. In fact, in 2013, one of our graduating students earned the highest score nationally on the CHES exam.

TABLE 2.7.D. PERFORMANCE ON NATIONAL EXAMINATIONS

| | Pass Rates in % | | | | | |
|---------------------------------------|------------------------|--------------|--------------|------------------|--------|--------|
| | Saint Louis University | | | National Average | | |
| | CY2012 | CY2013 | CY2014 | CY2012 | CY2013 | CY2014 |
| Certification in Public Health | 0 (n=1) | 100 (n=3) | 100 (n=2) | 84 | 85 | 79 |
| Certified Health Education Specialist | 100 (n=10) | 100 (n=3) | 100 (n=7) | 70.65 | 71.56 | 72.08 |

2.7.e. Data and analysis regarding the ability of the school's graduates to perform competencies in an employment setting, including information from periodic assessments of alumni, employers and other relevant stakeholders. Methods for such assessments may include key informant interviews, surveys, focus groups and documented discussions.

ALUMNI SURVEYS

The MPH alumni survey was last administered in fall 2013 and assessed all alumni for which we had contact information, dating back to 1973 alumni. There were 201 responses (181 online, 20 paper; 19% response rate). Of the 201 responses, 25 were dropped for excessive missing values, i.e., responses to fewer than half of the questions. This left a total of 176 respondents. The majority of respondents (62.5%) graduated between 2001 and 2013. Respondents represented all concentrations and dual degrees, with the exception of the MD/MPH. Nearly one-half (46%) reported working in public health.

Over 50% of respondents indicated they understand the competencies somewhat or very well. More problematic competencies included leadership, management, communication and informatics, health policy and law and public health biology. As a result, we enhanced our management class to incorporate more practical skills and a greater emphasis on management and policy. The competencies that respondents found of greatest importance to their jobs were systems and critical thinking, communication and informatics, and ethics and professionalism. Going forward, MPH alumni surveys will be sent every other year to graduates of the two prior years only. The next survey will be sent to 2014 and 2015 graduates in the fall of 2015. The MPH alumni survey report can be found in ERF 2.7 Assessment Procedures > Surveys > MPH Alumni Survey 2013 Results.

We also participated in the ASPPH pilot Graduate Employment Project. It assessed 2013 graduates from the College. This survey had an approximately 50% response from SLU, with the majority of respondents earning an MPH or MHA. Over 70% reported full-time employment; 90% indicated working in a health-related job, while 63% are working in public health. The full report can be found in ERF 2.7 Assessment Procedures > ASPPH Graduate Employment Pilot May 2015. We will continue to participate in this survey process, modifying our alumni survey so that we are not collecting the same data.

We conducted an alumni survey with PhD PHS alumni in early 2014 as well. 24 responses were received from the 61 (39% response rate) that were sent out. Students were generally satisfied with the doctoral program and how it prepared them for their first job. Twenty-one of the 24 respondents said they were very satisfied or generally satisfied with the program, and all 24 said they were very prepared (46%) or somewhat prepared (54%). The aspects of the doctoral program that students were most satisfied with were critical thinking (88% very satisfied or satisfied), ethics and professionalism (96% very satisfied or satisfied), and a welcoming climate for all students (100% very satisfied or satisfied). Most (88%) have done subsequent research in the area of their dissertation. Students were generally able to find a job quickly after graduation; 92% said they were able to secure their first job within two months of graduation. Slightly more than half (54%) took an academic position immediately after graduation. We plan to do the PhD PHS alumni survey every four years for graduates from only the previous four years. The next survey will be in 2018 for students who graduated between 2014 and 2018.

The first alumni survey for the PH undergraduate programs (7 BSPH, 2 BSHM, 0 BSEM) was implemented in December 2014. Of the nine December 2013 graduates, four responded (4 BSPH, 0 BSEM, 0 BSHM). Of these, three were in graduate/medical school and one was employed. Because of the small sample size we do not report results of this survey.

PRECEPTOR AND EMPLOYER NOMINAL GROUP

As part of the development of the new MPH competencies, we conducted a nominal group with preceptors and employers to determine their beliefs about the skills necessary for MPH-trained individuals. We identified 59 potential preceptors and employers and sent them an invitation to participate. Seventeen individuals attended the two-hour meeting. We asked participants to respond to two primary questions: 1) what skills and abilities should all MPH trained students graduate with and 2) what skills and competencies do our students lack? All responses were recorded and used to help create a draft set of competencies. See section 2.6 for a description of the MPH competency development process (ERF 2.7 Assessment Procedures > Nominal Group Findings). Once drafted, the competencies were sent to the participants for their review and comments. See section 2.6 that lists the final core competency set.

INFORMAL MEETINGS WITH EMPLOYERS AND PRECEPTORS

The practice experience/internship coordinators hold informal meetings with preceptors and employers to obtain feedback about our programs, student training, and ways to strengthen curriculum to prepare students for the workforce. These comments are utilized to amend the curricula and co-curricular activities, as appropriate.

The dean holds informal meetings with preceptors, employers and preceptors, as requested. For example, two preceptors (one an alumna) met with Dean Trevathan to discuss their experience with recent graduates. One of them found that students were lacking knowledge about the Affordable Care Act. As a result, we more explicitly incorporated that information into the PUBH5010 course.

2.7.f. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

This criterion is partially met.

STRENGTHS:

- We use a number of direct and indirect methods to evaluate student success.
- We meet or exceed required graduation rates for undergraduate and master's students.
- We meet the CEPH required placement rates for our public health programs.

WEAKNESSES:

- Program evaluation has not been conducted regularly, nor tied explicitly to BSPH, MPH and PhD PHS competencies. Although competencies are mapped to the learning experiences, we have only just begun to map specific course learning objectives with competencies and assessment methods.
- We have not systematically used data we collected to change or enhance programs, e.g., we have preceptor evaluation of student competency since 2008, but until recently, we have not routinely evaluated the data.

- We do not regularly and systematically engage preceptors, employers, and alumni to determine what MPH graduates require for the marketplace and assess the preparation of our students based on those desired skills and abilities.

PLANS:

- We will begin to require MPH students to self-assess on their competency achievement at baseline and the end of each year beginning with the incoming class of 2015. We will create a plan for assessment for each of the degree programs by fall 2015. Beginning with the spring 2016 MPH oral comprehensive examination, we will explicitly demonstrate the relationship between oral exam questions and the core and concentration competencies.
- We will regularly report on and use data from program evaluation and other data to impact the curriculum. We will begin to create annual reports of practice experience data to the leadership team as part of the “culture of evaluation” we are developing (see section 1.2).
- By the end of the 2015-16 academic year, we will develop a system of regular discussions with preceptors, employers, and alumni regarding their belief about the competencies required of MPH graduates and the specific competency of our students. This will likely occur through the Community Advisory Board that will be developed by the OPHP.

2.8 Other Graduate Professional Degrees.

If the school offers curricula for graduate professional degrees other than the MPH or equivalent public health degrees, students pursuing them must be grounded in basic public health knowledge.

2.8.a. Identification of professional degree curricula offered by the school, other than those preparing primarily for public health careers, and a description of the requirements for each.

The CPHSJ offers several other professional graduate degrees including the MHA, MSW, MSABA, MSCPP, and the MSBSPD.

The **MHA** is a 60-credit program with two delivery approaches: executive MHA and resident programs. The MHA prepares graduates with the skills needed to manage and administer health services at all levels of healthcare. In the resident program, students can elect the traditional curriculum from which they can choose 12 elective hours. Elective courses are offered by the CPHSJ or Cook Business School. Alternatively, students can use nine of the elective credits towards either a health care finance or health care operations concentration. The resident program also requires a 13-week internship. The EMHA program is a blended distance program designed for students already in the workplace that provides the same 60 credit competency-based curriculum as the resident program. The format includes accelerated 4-week courses taken one at a time with one 8-hour in-person class session on a Saturday in St. Louis. An internship is not required because students are required to have 3 to 5 years of work experience for admittance to the program. The program instead provides applied project opportunities throughout several courses. Students take two electives, usually offered by the program, but can also choose from other CPHSJ, SLU, SLUCOR or non-SLU courses if the syllabus is reviewed and pre-approved by the faculty director and advisor.

The **MSW** consists of 57 classroom and practicum credits offered by two delivery approaches: resident and mostly online collaborative with Lourdes University. (The first class will be admitted in AY15-16.) Students complete foundational course work and then choose from one of three concentrations: community and organization, clinical practice or applied behavior analysis. Students may also choose from one of 11 specializations in social work (therapy with individuals and families, community mental health practice with adults, nonprofit administration, gerontology, trauma informed care, health practice, substance use disorder treatments, children and youth, global, or veterans' services) that includes the choice of one to four specialized three-credit courses along with a practicum in the particular specialty. It prepares graduates to be advanced practitioners of social work who act as agents of change to promote individual and societal well-being.

The **MSABA** is a 39-credit program including practicum courses. The MSABA prepares graduates to apply behavioral principles to produce socially significant changes in behavior. Students must complete 1,000 hours of field practicum under the supervision of a board certified behavior analyst and defend a thesis. The program is offered on a Saturday and weeknight format to meet the needs of working adults.

The **MSCPP** is a 33-credit program. The program prepares graduates to be advanced practitioners in leadership positions in a variety of criminal justice agency and community settings. Students complete four core courses and then choose one of three concentrations: administration of justice, treatment and rehabilitation, and emergency management.

The **MSBSDP** is a 42- to 45-credit program administered entirely online. The program prepares graduates to be advanced practitioners in disaster planning, management, and response for biological events, such as bioterrorism, outbreaks of emerging infectious diseases, and/or pandemics. Students can choose from one of three concentrations: management and response, infection prevention, or medical and public health intelligence.

CULMINATING EXPERIENCE FOR OTHER PROFESSIONAL GRADUATE DEGREES

MHA Comprehensive Oral Examination: All resident MHA students are required to complete an oral comprehensive exam (HMP5950 Special Study for Exams) in their final, on-campus semester. Student proficiency in the program's six competency domains (leadership, critical thinking, science/analysis, management, community development, and political and community development) is assessed by a panel of three faculty members through a 20-minute case presentation and a series of scripted questions that can take up to an additional hour. Cases are provided to the students 24 hours in advance.

EMHA Oral Case Presentation: All MHA students in the executive track are required to complete an oral comprehensive exam (called an Executive Boardroom Analysis) during their final, capstone course, HMP5800 Strategic Management in Health Care Organizations. Student proficiency in the program's six competency domains (leadership, critical thinking, science/analysis, management, community development, and political and community development) is assessed by a panel of three faculty members through a 20-minute case presentation and a series of scripted questions that can take up to an additional 30-40 minutes. Because students work full-time, cases are provided to them 48 hours in advance. The examination occurs on the final in-person session.

MSW Practicum: The seminar SWRK5820 Concentration Integrative Seminar provides an opportunity for students in SWRK5832 Concentration Practicum II or SWRK842 Clinical Practicum III, to integrate theoretical constructs and information gained in the classroom with the application of social work practice. The seminars are designed to provide additional integration of coursework and daily practice, enhance a student's knowledge and skill base through peer sharing, and provide a supportive opportunity for students to debrief on practice challenges. The student demonstrates competency by a final presentation and project that shows how their level of competency has an impact on the social work profession, licensure, ethics, etc. They also lead one of the sessions during the course of the semester.

MSABA Thesis: Students in the MSABA program conduct original research and write a thesis that reflects independent thought and thorough knowledge of applied behavior analysis. Students gain an advanced understanding of behavior analytic principles and learn to apply behavioral analysis across a range of environments, according to professional and ethical standards. See ERF 2.8 Other Graduate Professional Degrees > MSABA Thesis (ABA599) Syllabus for specific procedures for completing the thesis.

MSCPP Culminating Project: Each student will prepare a graduate presentation that represents the core CPP curriculum, as well as their concentration curriculum. The purpose of the presentation is to afford students an opportunity to thoughtfully reflect upon their graduate education in the College and to articulate the academic and practitioner-related competencies they have gained. This presentation is not only summative and integrative, but it is also meant to help students frame their educational experience in terms of value added attributes of interest to employers in the field. A panel of three faculty members evaluate the presentation on a pass/revise and resubmit basis using a rubric agreed upon among the faculty. Students

entering in AY16-17 will be required to pass this project to earn their degree. The rubric for defining and grading the project is currently in development. Students who do not receive a pass from the majority of the faculty (2/3) on the panel will be given feedback and afforded the opportunity to revise and represent their presentation one additional time.

MSBSDP Presentation: Students in the distance-based MSBSDP program undertake their culminating experience via the Biosecurity capstone course (BSDP5960). This final course in the BSDP program provides students the opportunity to apply theoretical constructs and information gained throughout their program to the biosecurity field. Each student engages in a capstone project that is either manuscript-based or activity-centric. Under the mentorship of the capstone instructor and/or other BSDP faculty, each student creates an evidence-based product, such as a response plan, position paper, advocacy campaign, literature review-based preparedness/response recommendations, or enduring educational material.

2.8.b. Identification of the manner in which these curricula assure that students acquire a public health orientation. If this means is common across these other professional degree programs, it need be described only once. If it varies by program, sufficient information must be provided to assess compliance by each program.

All other professional degree curricula (except for the MSBSDP) include PUBH5010 Mission and Practice of Public Health. This course provides a broad overview of public health practice that covers its history, mission, description of the field, legal basis, core functions, institutional structure, as well as government financing of health care, policy, and other topics. See the course syllabus in ERF 2.8 Other Graduate Professional Degrees > PUBH 5010 Fall 2015 Syllabus. Through this course, students gain an understanding of the public health system, its relationship to the health care system, and the specific functions of public health. Faculty who teach this course are or have been public health practitioners with the ability to provide real life examples of the various course topics, as well as examples and descriptions of how the various professions are related to and work toward the public's health. The faculty who teach the sections of this course to a majority of the SSW students are social workers with a public health background.

PUBH5010 has historically been the course, along with PUBH5110 Managerial Aspects of Public Health, that has met the health services management requirement for the MPH. When we became a College in 2013 and joined with the SSW, we decided that PUBH5010, in a modified format, could meet the need for the "other" graduate programs to be exposed to the field of public health. We have taught the course to the MSW, MSABA, MHA, MSCPP and PhD SW students for the past two years and in both years, the course was rated poorly, in particular by these students. In 2013, we changed the format of the course radically to a flipped format with small seminar breakout sessions that were used to discuss the weekly content. In 2014, we reversed back to a traditional format and created a section that was primarily for MSW, MSABA, and MSCPP students. Although the concerns about format were reduced, the students felt the course was not relevant to them and their profession. We continue to work to improve the course to make it relevant for all students. In addition, we are creating a modified flipped format in which we are creating short (20 minutes) PowerPoint presentations on the subject area and using class time for exercises, discussions, etc.

Instead of PUBH5010, the MSBSDP provides students with a public health orientation by requiring that students in all concentrations take the following courses: BSDP5102 Introduction to Biostatistics and Decision Analysis, BSDP5100 Public Health and Disasters, BSDP5204 Epidemiological Methods and Infectious Disease Surveillance, BSDP5205 Behavioral and Cultural

Implications of Disasters, and BSDP5207 Legal and Ethical Implications of Disasters. These courses provide the fundamentals of public health and demonstrate their relevance within a biosecurity disaster or preparedness context. See ERF 2.8 Other Graduate Professional Degrees > Syllabi (MSBSDP Core Knowledge) for syllabi of these courses.

2.8.c. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

STRENGTHS:

- The CPHSJ offers a number of “other” professional degree programs.
- The course we require the “other” professional degree students to take to provide a public health orientation provides a broad public health perspective. Public health practitioners teach the course and are able to provide contextual examples of public health in practice.
- Each “other” professional graduate degree at the CPJSJ has a culminating experience, either in the form of a comprehensive oral examination, capstone course, presentation, or practicum.

WEAKNESSES:

- The PUBH5010 course has received poor reviews over the last two years (2013 and 2014), in particular from the non-public health students.

PLANS:

- We continue to explore ways to improve the course for the “other” professional students. Course evaluations indicated that the course was not relevant to them, and so we are exploring ways to increase its relevancy. We revised to enhance the course for the summer 2015 hybrid section for the EMHA students. We are currently revising to enhance the course in preparation for the fall 2015 class to include, for example, problem-based learning, modified flipped format, etc. and assuring we include the relevancy of public health to the other disciplines and vice versa.

2.9 Bachelor's Degrees in Public Health.

Note: CEPH standalone baccalaureate program criteria (4.0 curriculum) are used for this section per instructions from CEPH, and therefore a different numbering system is used.

REQUIRED DOCUMENTATION:

- 1) A list of the coursework required for the program's degree(s), including the total number of credits required for degree completion.
- 2) Official documentation of the required components and total length of the degree, in the form of an institutional catalog or online resource. Provide hyperlinks to documents if they are available online, or include in the resource file electronic copies of any documents that are not available online.
- 3) A matrix, in the format of Template K, that indicates the experience(s) that ensure that students are introduced to each of the domains indicated in Criterion 4.1. Template K requires the program to identify the experiences that introduce each domain.
- 4) A matrix, in the format of Template L, that indicates the experience(s) that ensure that students are exposed to each of the domains indicated in Criterion 4.2. Template L requires the program to identify the experiences that introduce and reinforce each domain.
- 5) A matrix, in the format of Template M, that indicates the experience(s) that ensure that students demonstrate skills in each of the domains indicated in Criterion 4.3. Template M requires the program to identify the experiences that introduce and reinforce each domain.
- 6) A matrix, in the format of Template N, that identifies the cumulative and experiential activities through which students have the opportunity to integrate, synthesize and apply knowledge as indicated in Criterion 4.4.
- 7) A brief narrative description, in the format of Template O, of the manner in which the curriculum and co-curricular experiences expose students to the concepts in Criterion 4.5.
- 8) Syllabi for all required coursework for the major and/or courses that relate to the domains listed above. Syllabi should be provided as individual files in the electronic resource file and should reflect the current semester or most recent offering of the course.
- 9) Examples of student work.
- 10) A brief description of the means through which the program implements the cumulative experience and field exposure requirements.
- 11) Handbooks, websites, forms and other documentation relating to the cumulative experience and field exposure. Provide hyperlinks to documents if they are available online, or include in the resource file electronic copies of any documents that are not available online.

4.0 Undergraduate Public Health Curriculum

The BSPH curriculum requires a minimum of 120 credits for graduation, including 50 credits of core classes, 36 credits of public health coursework, and 34 credits of general electives. Students must maintain a minimum cumulative GPA of 2.5 for graduation. The minor in public health requires 18 hours (2 required courses and four forced selection public health and liberal arts courses). Coursework requirements are published [online](#) by the office of the University registrar in the University undergraduate catalog and on the [CPHSJ student Google site](#).

BSPH MAJOR COURSES (36 CREDITS, MINIMUM GRADE C REQUIRED)

- HMP1300 Contemporary Challenges in Health Care
- PUBH2100 Introduction to Global Health
- PUBH2300 Contemporary Issues in Global Health
- PUBH3100 Public Health & Social Justice
- PUBH3200 Evidence-Based Public Health
- PUBH4100 Biological Basis of Public Health
- PUBH4000 Politics & Public Health Advocacy
- PUBH4960 Capstone in Public Health
- BST3100 Applied Biostatistics I
- EPI4000 Introduction to Epidemiology
- Public Health electives – 6 credits

CORE COURSES (51 CREDITS, MINIMUM C- GRADE REQUIRED)*English: 6 credits*

- ENGL1900 Adv Strategies of Rhetoric & Research
- ENGL2XXX/3XXX

History: 6 credits

- HIST1110/1115 Origins of the Modern World to 1500
- HIST1120/1125 Origins of the Modern World, 1500 to Present

Philosophy & Theology: 12 credits

- PHIL1050 Intro to Philosophy
- PHIL2050 Ethics
- THEO1000/1005 Theological Foundations
- THEO2XXX+

Mathematics: 3 credits

- MATH1400 Pre-calculus (or higher)

Natural Sciences: 8 credits

- BIOL1040 Biology I with lab
- BIOL1060 Biology II with lab

*Fine & Performing Arts: 3 credits**Foreign Language: 6 credits (to LANG1020)**Social Sciences: 6 credits**General Electives (34 credits, minimum grade D required)*

- 4.1 The overall undergraduate curriculum (e.g., general education, liberal learning, essential knowledge and skills, etc.) introduces students to the following domains. The curriculum addresses these domains through any combination of learning experiences throughout the undergraduate curriculum, including general education courses defined by the institution as well as concentration and major requirements or electives.**
- the foundations of scientific knowledge, including the biological and life sciences and the concepts of health and disease
 - the foundations of social and behavioral sciences
 - basic statistics
 - the humanities/fine arts

Template K reflects the domains the student is introduced to in the overall undergraduate curriculum (e.g., general education, liberal learning, essential knowledge and skills, etc.). This table reflects the core requirements for BSPH majors, developed based on the core requirements for undergraduates completing majors in the College of Arts and Sciences. The only non-core class is BST3100, which is a BSPH major requirement, offered through the CPHSJ.

TEMPLATE K

| Domains | Courses and other learning experiences through which students are introduced to the domains specified |
|--|---|
| SCIENCE Introduction to the foundations of scientific knowledge, including the biological and life sciences and the concepts of health and disease | BIOL1040 Biology I with lab (4cr) BIOL1060 Biology II with lab (4cr) |
| SOCIAL AND BEHAVIORAL SCIENCES Introduction to the foundations of social and behavioral sciences | Social Science electives (6 cr) HIST1110/1115 Origins of the Modern World to 1500 (3cr) HIST1120/1125 Origins of the Modern World 1500-present (3cr) |
| MATH/QUANTITATIVE REASONING Introduction to basic statistics | MATH1400 Precalculus (or higher math) (4cr) BST3100 Applied Biostatistics I (3cr) |
| HUMANITIES/FINE ARTS Introduction to the humanities/fine arts | *PHIL1050/1055 Intro to Philosophy (3cr) PHIL2050/2055 Ethics (3cr) *THEO1000/1005 Theological Foundations (3cr) THEO2XXX+ Theology elective (3cr) ENGL2XXX/3XXX – Literature elective (3cr) Fine & Performing Arts elective (3cr) Foreign Language (6cr) |

*Required for all SLU undergraduate students

-
- 4.2 The requirements for the public health major or concentration provide instruction in the following domains. The curriculum addresses these domains through any combination of learning experiences throughout the requirements for the major or concentration coursework (i.e., the program may identify multiple learning experiences that address a domain—the domains listed below do not each require a single designated course).**
- the history and philosophy of public health as well as its core values, concepts and functions across the globe and in society
 - the basic concepts, methods and tools of public health data collection, use and analysis and why evidence-based approaches are an essential part of public health practice
 - the concepts of population health, and the basic processes, approaches and interventions that identify and address the major health-related needs and concerns of populations
 - the underlying science of human health and disease including opportunities for promoting and protecting health across the life course
 - the socioeconomic, behavioral, biological, environmental and other factors that impact human health and contribute to health disparities
 - the fundamental concepts and features of project implementation, including planning, assessment and evaluation
 - the fundamental characteristics and organizational structures of the US health system as well as the differences in systems in other countries
 - basic concepts of legal, ethical, economic and regulatory dimensions of health care and public health policy and the roles, influences and responsibilities of the different agencies and branches of government
 - basic concepts of public health-specific communication, including technical and professional writing and the use of mass media and electronic technology
- If the program intends to prepare students for a specific credential, then the curriculum must also address the areas of instruction required for credential eligibility (e.g., CHES).**
-

Template L reflects the requirements for the public health major that provide instruction in the public health domains. The following matrix indicates experience(s) that ensure that students are exposed to each of the domains in Criterion 4.2. Topics within a domain may be introduced and/or reinforced in more than one course.

TEMPLATE L

| Public Health Domains | | Course Name and Number | | | | | | | | | |
|--|---|--|---|---|-------------------------------------|------------------------------------|--|--------------------------|--------------------------------|--|--|
| | | HMP 1300 Contemp Challenges in Healthcare | PUBH 2100 Intro to Global Health | PUBH 2300 Contemp Issues in Global Health | PUBH 3100 PH & Social Justice | PUBH 3200 Evidence- Based PH | PUBH 4100 Biological Basis of Disease | PUBH 4000 Advocacy | PUBH 4960 Capstone in PH | EPI 4000 Intro to Epidemiol ogy | BST 3100 Applied Biostatisti cs I |
| OVERVIEW OF PUBLIC HEALTH | | | | | | | | | | | |
| Address the history and philosophy of public health as well as its core values, concepts, and functions across the globe and in society | | | | | | | | | | | |
| | Public Health History | I | I | | I | | | | | I | |
| | Public Health Philosophy | I | I | | C | C | | I | | | |
| | Core PH Values | I | I | I | C | C | | C | C | | |
| | Core PH Concepts | | I | I | | C | | C | C | C | C |
| | Global Functions of Public Health | | I | C | | | I | | | | |
| | Societal Functions of Public Health | I | I | C | C | | | | | | |
| ROLE AND IMPORTANCE OF DATA IN PUBLIC HEALTH | | | | | | | | | | | |
| Address the basic concepts, methods, and tools of public health data collection, use, and analysis and why evidence-based approaches are an essential part of public health practice | | | | | | | | | | | |
| | Basic Concepts of Data Collection | I | | | | I, C | | | | I | |
| | Basic Methods of Data Collection | | | | | I | | | | C | |
| | Basic Tools of Data Collection | | | | | I | | | C | C | |
| | Data Usage | | I | | | I | C | | C | C | C |
| | Data Analysis | | | | | | | | | I | I, C |
| | Evidence-based Approaches | | | I | | I, C | C | | | | |
| IDENTIFYING AND ADDRESSING POPULATION HEALTH CHALLENGES | | | | | | | | | | | |
| Address the concepts of population health, and the basic processes, approaches, and interventions that identify and address the major health-related needs and concerns of populations | | | | | | | | | | | |
| | Population Health Concepts | I | I | I | I | C | I | | | | |
| | Introduction to Processes and Approaches to Identify Needs and Concerns of Populations | I | I | I | I | C | | | | C | |
| | Introduction to Approaches and Interventions to Address Needs and Concerns of Populations | | I | I | I | C | I | C | | | |
| HUMAN HEALTH | | | | | | | | | | | |
| Address the underlying science of human health and disease including opportunities for promoting and protecting health across the life course | | | | | | | | | | | |

| Public Health Domains | | Course Name and Number | | | | | | | | | |
|---|--|--|---|---|-------------------------------------|------------------------------------|--|--------------------------|--------------------------------|--|--|
| | | HMP 1300 Contemp Challenges in Healthcare | PUBH 2100 Intro to Global Health | PUBH 2300 Contemp Issues in Global Health | PUBH 3100 PH & Social Justice | PUBH 3200 Evidence- Based PH | PUBH 4100 Biological Basis of Disease | PUBH 4000 Advocacy | PUBH 4960 Capstone in PH | EPI 4000 Intro to Epidemiol ogy | BST 3100 Applied Biostatisti cs I |
| Science of Human Health and Disease | | | I | | | | C | | | | |
| Health Promotion | | I | I | I | I | I | C | | | | |
| Health Protection | | I | I | | I | I | | I | | | |
| DETERMINANTS OF HEALTH | | | | | | | | | | | |
| Address the socio-economic, behavioral, biological, environmental, and other factors that impact human health and contribute to health disparities | | | | | | | | | | | |
| Socio-economic Impacts on Human Health and Health Disparities | | I | I | C | C | | | | | | |
| Behavioral Factors Impacts on Human Health and Health Disparities | | I | I | C | C | C | | | | | |
| Biological Factors Impacts on Human Health and Health Disparities | | I | I | | | C | | | | | |
| Environmental Factors Impacts on Human Health and Health Disparities | | I | I | C | | C | C | | | | |
| PROJECT IMPLEMENTATION | | | | | | | | | | | |
| Address the fundamental concepts and features of project implementation, including planning, assessment, and evaluation | | | | | | | | | | | |
| Introduction to Planning Concepts and Features | | | | | | I | | C | | | |
| Introduction to Assessment Concepts and Features | | | | | | I | | | | | |
| Introduction to Evaluation Concepts and Features | | | | | | I | | | | | |
| OVERVIEW OF THE HEALTH SYSTEM | | | | | | | | | | | |
| Address the fundamental characteristics and organizational structures of the U.S. health system as well as to the differences in systems in other countries | | | | | | | | | | | |
| Characteristics and Structures of the U.S. Health System | | I | | | I | | | C | | | |
| Comparative Health Systems | | I | I | I | | | | | | | |

| Public Health Domains | | Course Name and Number | | | | | | | | | |
|--|---|--|---|---|-------------------------------------|------------------------------------|--|--------------------------|--------------------------------|--|--|
| | | HMP 1300 Contemp Challenges in Healthcare | PUBH 2100 Intro to Global Health | PUBH 2300 Contemp Issues in Global Health | PUBH 3100 PH & Social Justice | PUBH 3200 Evidence- Based PH | PUBH 4100 Biological Basis of Disease | PUBH 4000 Advocacy | PUBH 4960 Capstone in PH | EPI 4000 Intro to Epidemiol ogy | BST 3100 Applied Biostatisti cs I |
| HEALTH POLICY, LAW, ETHICS, AND ECONOMICS | | | | | | | | | | | |
| Address the basic concepts of legal, ethical, economic, and regulatory dimensions of health care and public health policy, and the roles, influences and responsibilities of the different agencies and branches of government | | | | | | | | | | | |
| | Legal dimensions of health care and public health policy | I | | | | | | C | | | |
| | Ethical dimensions of health care and public health policy | I | I | I | C | | | | | | |
| | Economical dimensions of health care and public health policy | I | | I | | | | C | | | |
| | Regulatory dimensions of health care and public health policy | I | | | | | | C | | | |
| | Governmental Agency Roles in health care and public health policy | I | I | I | C | | | C | | | |
| HEALTH COMMUNICATIONS | | | | | | | | | | | |
| Address the basic concepts of public health-specific communication, including technical and professional writing and the use of mass media and electronic technology | | | | | | | | | | | |
| | Technical writing | | | I, C | I | I | | C | | | |
| | Professional writing | | I | I, C | C | C | | | | | |
| | Use of Mass Media | I | I | C | | | | | | | |
| | Use of Electronic Technology | | I | I | | C | | | | | |

"I" indicates that the concept is introduced through class material (e.g., lecture, discussion, activity, reading).

"C" indicates that the concept is covered in more depth via discussion or application (e.g., assignment, exam).

- 4.3 Students must demonstrate the following skills:**
- the ability to communicate public health information, in both oral and written forms and through a variety of media, to diverse audiences
 - the ability to locate, use, evaluate and synthesize public health information

Template M illustrates the skills the students must demonstrate and measures of their assessment. The following matrix indicates experience(s) that ensure that students demonstrate skills in each of the domains indicated in Criterion 4.3. Experiences that introduce and reinforce each domain are described.

TEMPLATE M

| Skills | Courses and other learning experiences through which students demonstrate the following skills. | Methods by which these skills are assessed. |
|---|---|---|
| PUBLIC HEALTH COMMUNICATION Students should be able to communicate public health information, in both oral and written forms and through a variety of media, to diverse audiences | | |
| Oral communication | HMP1300 | Healthcare presentation (in-class presentation on healthcare issue facing the US), debates |
| | PUBH2100 | Advocacy pitch (in-class presentation to panel) |
| | PUBH3100 | Reflections |
| | PUBH3200 | Final project (presentation to a panel of experts) |
| | PUBH4000 | Campus advocacy strategy (in-class presentation) |
| Written communication | HMP1300 | Healthcare paper |
| | PUBH2100 | SL paper, global health analysis paper |
| | PUBH2300 | Press release, policy brief, annotated bibliography, executive summary |
| | PUBH3100 | Reflections, final paper |
| | PUBH3200 | Guided response papers (2), community assessment project, final project |
| | PUBH4100 | Writing assignments/Problem sets |
| Communicate with diverse audiences | PUBH2100 | Advocacy pitch (present to a foundation panel) |
| | PUBH3200 | Final project (present to panel of experts) |
| | PUBH4000 | Campus advocacy strategy (communicate with key stakeholders) |
| Communicate through variety of media | HMP1300 | Debates |
| | PUBH2100 | Global health analysis (fact sheet/executive summary), advocacy pitch (to a foundation panel) |
| | PUBH2300 | Press release, policy brief, annotated bibliography, executive summary |
| | PUBH3100 | Reflections |
| | PUBH3200 | Photovoice project (photographs), final project (Presentation to panel of experts, paper) |
| | PUBH4000 | Policy analysis (policy paper), campus advocacy strategy (key stakeholder meetings) |

| Skills | Courses and other learning experiences through which students demonstrate the following skills. | Methods by which these skills are assessed. |
|--|--|--|
| INFORMATION LITERACY | | |
| Students should be able to locate, use, evaluate, and synthesize information | | |
| Locate information | HMP1300 | Health care paper |
| | PUBH2100 | Global health analysis paper |
| | PUBH2300 | Press release, policy brief, annotated bibliography, executive summary |
| | PUBH3100 | Final paper |
| | PUBH3200 | Community assessment project, final project |
| | PUBH4100 | Writing assignments, problem sets |
| | PUBH4000 | Policy analysis, campus advocacy strategy, health policy news of the day |
| Use information | HMP1300 | Health care paper/presentation, debates |
| | PUBH2100 | Global health analysis paper, advocacy pitch |
| | PUBH2300 | Press release, annotated bibliography, policy brief, executive summary |
| | PUBH3100 | Final paper |
| | PUBH3200 | Community assessment project, final project |
| | PUBH4100 | Writing assignments, problem sets |
| | PUBH4000 | Policy analysis, campus advocacy strategy |
| Evaluate information | PUBH2300 | Policy brief, annotated bibliography, executive summary |
| | PUBH4000 | Policy Analysis campus advocacy strategy |
| Synthesize information | PUBH2100 | Global health analysis, advocacy pitch |
| | PUBH3200 | Final project |
| | PUBH4000 | Campus advocacy strategy |

4.4 Students have opportunities to integrate, synthesize and apply knowledge through cumulative and experiential activities. All students complete a cumulative, integrative and scholarly or applied experience or inquiry project that serves as a capstone to the education experience. These experiences may include, but are not limited to, internships, service-learning projects, senior seminars, portfolio projects, research papers or honors theses. Programs encourage exposure to local-level public health professionals and/or agencies that engage in public health practice.

Template N represents integration, synthesis and application of knowledge through cumulative and experiential activities. All students complete a cumulative, integrative project that serves as a capstone to the education experience. They also complete 45 hours of SL across three courses: PUBH2100, PUBH2300, PUBH3100 (15 SL hours/course). The table below demonstrates how the curriculum integrates, synthesizes and applies knowledge.

TEMPLATE N

| Cumulative and Experiential Activity (internships, research papers, service-learning projects, etc.) | Narrative describing how activity provides students the opportunity to integrate, synthesize and apply knowledge. |
|--|---|
| <p>EXPERIENTIAL ACTIVITY Service Learning</p> | <p>Service is a core of the Mission of both Saint Louis University and the College for Public Health and Social Justice. Consistent with this, SL is the means by which BSPH students work with local community organizations and gain exposure to public health issues affecting diverse populations. As a required element of three BSPH major courses (PUBH2100, PUBH2300, PUBH3100), SL allows students to integrate, synthesize, and apply knowledge gained in the classroom in several ways. Because reflection is a signature element of Jesuit pedagogy, students synthesize classroom knowledge and service experiences through reflection papers and class discussion. Through reflection, students consider how knowledge and perceptions are challenged and altered as a result of SL experiences. Each course integrates SL in a way that relates best to course objectives. PUBH2100 focuses on individual reflection and examination of SL with respect to global issues presented in class. In PUBH2300, students write reflection papers in which they critically examine situations encountered during SL that directly relate to discussions from class. PUBH3100 incorporates SL experiences into weekly discussion and reflection papers but students also work in groups centered on SL themes (e.g. youth development) to create a poster campaign that communicates the connection between their SL theme and public health and social justice. In all classes, SL serves to help students apply principles and theories to real world PH issues as they work with public health professionals, organizations, and populations in their SL activities.</p> |

| | |
|--|--|
| <p>Cumulative and Experiential Activity (internships, research papers, service-learning projects, etc.)</p> | <p>Narrative describing how activity provides students the opportunity to integrate, synthesize and apply knowledge.</p> |
| <p>CUMULATIVE ACTIVITY Capstone in Public Health</p> | <p>The revised BSPH curriculum (implemented in fall 2014) includes a capstone course that will assess achievement of BSPH learning outcomes through three components: a portfolio, a group project, and professional development activities. Students will create a portfolio of artifacts from their public health coursework. Using self-reflection, students will synthesize their knowledge and experiences and integrate portfolio components with the curriculum to identify themes in their learning and demonstrate how they believe they met BSPH program learning outcomes. The group project is a direct assessment of BSPH learning outcomes and allows students to apply the foundational knowledge gained from their other PH coursework: students will conduct a literature search to consider a public health issue with respect to the foundational areas of public health; consider determinants of the issue in diverse populations; examine evidence-based approaches; and present their findings. In response to program evaluation, a professional development component will also be included, which will emphasize communication about public health issues and knowledge using a variety of methods.</p> |

- 4.5 The overall undergraduate curriculum and public health major curriculum expose students to concepts and experiences necessary for success in the workplace, further education and life-long learning. Students are exposed to these concepts through any combination of learning experiences and co-curricular experiences. These concepts include the following:**
- **advocacy for protection and promotion of the public’s health at all levels of society**
 - **community dynamics**
 - **critical thinking and creativity**
 - **cultural contexts in which public health professionals work**
 - **ethical decision making as related to self and society**
 - **independent work and a personal work ethic**
 - **networking**
 - **organizational dynamics**
 - **professionalism**
 - **research methods**
 - **systems thinking**
 - **teamwork and leadership.**

Template O represents the manner in which the curriculum and co-curricular experiences expose students to the concepts and experience list in Criterion 4.5.

TEMPLATE O

| Concept | Manner in which the curriculum and co-curricular experiences expose students to the concepts |
|---|--|
| <p>ADVOCACY FOR PROTECTION AND PROMOTION OF THE PUBLIC’S HEALTH AT ALL LEVELS OF SOCIETY</p> | <p><i>Curricular:</i> Throughout the curriculum, students are exposed to advocacy for protection and promotion of the public’s health at different levels of society through assignments looking at policy change (PUBH4000), developing and pitching public health interventions to panel representation a foundation board (PUBH2100), and participating in SL that immerses students in organizations engaging in public health work with the St. Louis community (PUBH2100, PUBH2300, PUBH3100). <i>Co-Curricular:</i> Two immersion trips (West Virginia, Mexico) expose students to diverse communities, the public health concerns they face, and their healthcare systems.</p> |
| <p>COMMUNITY DYNAMICS</p> | <p><i>Curricular:</i> Students participate in SL opportunities throughout the semester in three courses (PUBH2100, PUBH2300, PUBH3100) and reflect on what they have done, seen, and learned. Students also go out on field trips and windshield tours in the St. Louis community to see how the neighborhoods have changed and what sort of concerns they face and assess the needs and assets of two communities and interpret the meaning and impact that those needs and assets have on those communities (PUBH3200). <i>Co-curricular:</i> Immersion trips (West Virginia, Mexico) allow students to observe community dynamics as they speak with and learn from community members.</p> |
| <p>CRITICAL THINKING AND CREATIVITY</p> | <p><i>Curricular:</i> Students address public health topics in non-traditional ways, such as using Photovoice (PUBH3200), delivering a short pitch to a mock foundation funding board (PUBH2100), and developing a public health and social justice themed poster (PUBH3100). Students examine issues on a deeper level through reflection on the meaning of their experiences either in the classroom or out in the community (PUBH3100, PUBH3200, PUBH4000, HMP1300, PUBH2300, PUBH4100). <i>Co-curricular:</i> The annual Public Health Scholar Bowl (ERF 2.9 Bachelor’s Degrees in Public Health > Scholar Bowl Summary) offers students an opportunity to develop critical thinking and creative skills in a national trivia and case study competition against other undergraduate public health programs.</p> |

| Concept | Manner in which the curriculum and co-curricular experiences expose students to the concepts |
|--|---|
| CULTURAL CONTEXTS IN WHICH PUBLIC HEALTH PROFESSIONALS WORK | <p><i>Curricular:</i> Students gain insight into the cultural contexts that public health professionals face through developing a strategy for change on a college campus (PUBH4000), conducting a windshield tour in an urban setting (PUBH3200), assessing public health needs of a country and advocating for funding (PUBH2100), developing an intervention and pitch it to a mock foundation funding board (PUBH2100).</p> <p><i>Co-curricular:</i> The immersion trips to Appalachian West Virginia and Mexico give students the opportunity to experience those cultures firsthand.</p> |
| ETHICAL DECISION MAKING AS RELATED TO SELF AND SOCIETY | <p><i>Curricular:</i> In addition to a core course in Ethics (PHIL2050), public health ethics are covered in class discussions throughout the curriculum from issues surrounding studies like the Tuskegee experiment and Guatemala syphilis study (PUBH2300) to how ethics, healthcare, and public health interact (HMP1300).</p> |
| INDEPENDENT WORK AND A PERSONAL WORK ETHIC | <p><i>Curricular:</i> Students have numerous opportunities for independent work and developing their personal work ethic by working on large assignments and projects on their own and in groups, adhering to deadlines put forth on those assignments and projects (PUBH3100, PUBH3200, PUBH4000, HMP1300, PUBH2300, PUBH4100). Students also are responsible for securing their own SL sites to meet the 15-hour SL requirement in three courses (PUBH2100, PUBH3100, PUBH2300). Additional, some courses offer honors sections in which honors students can complete an additional assignment, arranged individually with the course instructor (HMP1300, PUBH2100, PUBH2300, PUBH3100, PUBH 3200, PUBH4000).</p> |
| NETWORKING | <p><i>Curricular:</i> Courses commonly bring in guest lecturers, affording students the opportunity to talk with leaders and professionals in public health (e.g. PUBH2300, PUBH3200, PUBH4000).</p> <p><i>Co-curricular:</i> All BSPH students are assigned a faculty mentor with whom they meet each semester to discuss personal/professional development; mentors facilitate networking with professionals as appropriate for each student. The annual Career Spotlight event allows students to meet and talk with public health professionals. The annual Public Health Scholar Bowl facilitates networking with other undergraduate public health students from around the country, as well as public health professionals and professors.</p> |
| ORGANIZATIONAL DYNAMICS | <p><i>Curricular:</i> Class discussions and lectures on different types of organizations, their roles, how dynamics can influence their activities, and perspectives associated with a decision and how those are related to policy are given throughout the curriculum (HMP1300, PUBH2300, PUBH4000).</p> |
| PROFESSIONALISM | <p><i>Curricular:</i> Through class presentations (PUBH2100, PUBH3100, PUBH3200, PUBH4000), SL (PUBH2100, PUBH2300, PUBH3100), and Capstone (PUBH4960) students develop communication and other professional skills.</p> <p><i>Co-curricular:</i> Professional development workshops are offered by the BSPH program and campus partners, including an interactive panel with public health professionals, resume writing, presentation skills, and a job/internship fair.</p> |
| RESEARCH METHODS | <p><i>Curricular:</i> Throughout many courses in the curriculum, students develop research skills including literature searches (PUBH-3200, PUBH2300), background research on topics (PUBH4620), using secondary sources for assessment data about critical public health factors (PUBH2100, PUBH3200), and gathering and analyzing information for policy briefs, annotated bibliographies, and executive summaries (PUBH2300). They also learn fundamentals of study design (EPI4000) and data analysis (BST3100).</p> |

| Concept | Manner in which the curriculum and co-curricular experiences expose students to the concepts |
|--------------------------------|--|
| SYSTEMS THINKING | <p><i>Curricular:</i> Class discussions examine different perspectives on topics and evaluate multiple sides of issues from a systems perspective (HMP1300, PUBH2300, PUBH4000).</p> <p><i>Co-curricular:</i> Immersion trips provide students the opportunity to experience two diverse healthcare systems (Appalachian West Virginia and central Mexico) and to immerse themselves into those systems.</p> |
| TEAMWORK AND LEADERSHIP | <p><i>Curricular:</i> In the majority of BSPH classes, students work on group papers and projects. They take ownership of what they know and communicate it to their peers in a way that fosters learning (PUBH3100, PUBH3200, PUBH4000, PUBH2100, HMP1300, PUBH2300, PUBH4100).</p> <p><i>Co-curricular:</i> Students have the opportunity to take on leadership roles in the Public Health Club as well as through the Public Health Scholar Bowl.</p> |

Additional Documentation

Syllabi: Syllabi for all required coursework are in the ERF 2.9 Bachelor's Degrees in Public Health > BSPH Syllabi.

Student work: Examples of student work are provided in the ERF 2.9 Bachelor's Degrees in Public Health > BSPH Samples of Student Work.

Field Experience narrative: Three BSPH major courses include a SL component: Intro to Global Health (PUBH2010), Contemporary Issues in Global Health (PUBH2300), and Public Health & Social Justice (PUBH3100). Each of these requires 15 hours of service that directly expose students to public health issues in diverse populations. SL is implemented in partnership with SLU's CSCE. A graduate assistant (GA) coordinates SL under supervision of a program coordinator. The SL Google Site (ERF 2.9 Bachelor's Degrees in Public Health > Service Learning Google Site Description) contains links to all relevant information, databases, and forms. Briefly, students are oriented to SL at the start of each course. To secure a placement, students submit a CSCE service learning form, and the GA and CSCE identify potential sites from the CSCE database. The GA emails each student with options, and students are responsible for arranging their placement. Students register their SL site on the Google site prior to starting service hours. The GA monitors registration and notifies faculty of student progress. Students complete course-specific assignments that integrate SL experiences with class objectives. SL is evaluated by student survey at the end of each semester. The GA and program staff work with the CSCE to add relevant sites to their database for future semesters.

Cumulative Experience narrative: The Capstone in Public Health will be offered as a three-credit course for the first time in spring 2017. To develop this course, cumulative experience requirements of other BSPH programs were reviewed, course development sessions were held with junior and senior BSPH students, and input was solicited from the undergraduate steering committee. Based upon student feedback during the course development phase, the capstone course will ultimately be offered in both the fall and spring semesters, and BSPH seniors may take the course at either time. Students who have completed the 1000-3000-level required BSPH courses will be eligible for the capstone; 4000-level courses will be allowed as co-requisites. In the capstone, students will complete individual-level work (portfolio, professional development) and a group project. Briefly, students will create a portfolio that contains examples of work from their BSPH courses and write a reflection on attainment of program

learning outcomes. Professional development activities (e.g., informational interviewing, cover letters, interview skills, presentation skills) will serve as preparation for post-graduation plans. The group project will allow students to explore a public health issue of interest and will involve a literature search, presentation of data, consideration for evidence-based practice, and synthesis of information to identify take-home points and next steps.

4.6 Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

This criterion is met with commentary.

STRENGTHS:

- The overall curriculum adequately exposes students to the foundations of scientific knowledge, social and behavioral sciences, basic statistics, the humanities, and fine arts.
- Program evaluation (student, faculty, staff feedback) and review of the critical component elements guides BSPH curricular revisions.
- The BSPH program addresses the domains listed through a variety of curricular and co-curricular learning experiences.
- The program provides ample curricular and co-curricular opportunities to develop professional skills.
- The curriculum adequately covers the public health concepts.

WEAKNESSES:

- Applied Biostatistics I, Intro to Epidemiology, and Capstone in Public Health have not yet been offered.

PLANS:

- Applied Biostatistics I (BST3100) and Intro to Epidemiology (EPI4000) will be offered for the first time in fall 2016, with the Capstone in Public Health (PUBH4960) first offered in spring 2017. These courses will be evaluated with input from the undergraduate public health steering committee.

2.10 Other Bachelor's Degrees.

If the school offers baccalaureate degrees in fields other than public health, students pursuing them must be grounded in basic public health knowledge.

2.10.a. Identification of other baccalaureate degrees offered by the school and a description of the requirements for each. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.

Table 2.1.1 lists the five non-public health undergraduate degrees offered by the CPHSJ: 1) criminology and criminal justice (BA); 2) emergency management (BS); 3) health management (BS); 4) social work (BS); and 5) biostatistics (BS) to begin fall 2015. The requirements for each are described below.

Criminology and Criminal Justice: The BACCJ requires a minimum of 120 credits for graduation. The program includes 54 hours of liberal arts core curriculum and 39 hours of curriculum that provides students with a foundation for understanding the causes and correlates of crime along with the intersection of the social determinants of health with these causes and the systems that respond to criminal behavior. The program's unique focus on human justice is intended to support students learning regarding the humanity of all who are involved in the justice system – victims, offenders, and practitioners. Community-based experiential learning opportunities train students to be effective and transformative practitioners and citizens. The minor in CCJ requires 21 hours (4 required courses and three electives). For a full description of the degree requirements, [click here](#).

Emergency Management: The BSEM requires a minimum of 120 credits for graduation and involves the study of all aspects of emergencies and disasters including prevention, preparedness, response and recovery. The curriculum includes 53 hours of core liberal arts courses and 33 hours of emergency management courses. Additional public health concepts are integrated into the curriculum with courses in biostatistics, epidemiology, public health and social justice, mental health, public health issues in emergency management, and designing disaster exercises. Adjunct faculty who are professionals in the field of emergency management participate in teaching the program courses. The EM minor requires 18 credits (3 required courses, 3 electives). To view the requirements for the major and minor, [click here](#).

Health Management: The BSHM requires a minimum of 120 credits for graduation and draws upon expertise of faculty within the HMP department, as well as adjunct faculty who are professionals in the health management field to create a unique program that prepares students for the business elements of health care delivery. The curriculum includes 60 credits of core liberal arts courses and 30 credits in health management courses that cover management, economics, market, and operations (to name a few) specifically related to the health care sector. Students have opportunities to meet and learn from leaders in the field through the Health Management Rounds course. For a full description of the degree requirements, [click here](#).

Social Work: The BSSW requires a minimum of 120 credits for graduation and prepares undergraduate students for beginning professional social work practice. The BSSW degree provides generalist practice skills and is considered the first professional social work degree. The curriculum requires 63 credits of core liberal arts courses and 39 credits of social work courses that focus on human development, social environment, social welfare, diversity and social work practice. The focus of this degree is to prepare students to function in entry-level social work positions. A minor in social work is also available and requires a minimum of 18 credits. For a full description of the degree requirements, [click here](#).

Biostatistics: The BSBST requires a minimum of 120 credits for graduation and draws upon expertise of faculty within the BST, EPI, BSHE and EOH departments. The curriculum includes 30 credits of major courses that cover introductory public health, epidemiology, evidence-based public health, biological basis of public health, statistical computing, and theoretical and applied biostatistics; 62 credits of core liberal arts courses, including 6 credits of information technology courses; and 28 credits of general electives. The first students in this program will enroll in fall 2015. For a full description of the degree requirements, [click here](#).

2.10.b. Identification of the manner in which these curricula assure that students acquire a public health orientation. If this means is common across these degree programs, it need be described only once. If it varies by program, sufficient information must be provided to assess compliance by each program.

All non-PH degree seeking undergraduate students are required to take PUBH2100 Introduction to Global Health. This course is designed as an entry-level course for students interested in health promotion and disease prevention on a global scale. Particular attention is paid to how disease burden, culture, environment, and resources require special approaches to public health interventions. The issues explored throughout the course are meant to introduce students to the way health and its many social determinants are promoted in different contexts around the world. These issues are relevant in all income-level contexts, but special attention is paid to those areas of the world that bear the greatest burden of disease.

Students gain a general understanding of public health as it occurs in a global context. Readings, classroom discussion and activities, and SL are used to communicate and reinforce basic global health concepts. By understanding the general terrain of public health, the topics covered help students describe how their personal field of study intersects with needs in global and community health. The desired outcome of this course is that every student will find ways that his/her career path can contribute to the practice of global public health. See ERF 2.9 Bachelor's Degrees in Public Health > BSPH Syllabi for the PUBH2100 syllabus.

2.10.c. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

STRENGTHS:

- The CPHSJ offers five additional undergraduate programs beyond the BSPH.
- All students in the "other" undergraduate programs take PUBH2100 to gain a public health orientation.

WEAKNESSES:

- NA

PLANS:

- NA

2.11 Academic Degrees.

If the school also offers curricula for graduate academic degrees, students pursuing them shall obtain a broad introduction to public health, as well as an understanding about how their discipline-based specialization contributes to achieving the goals of public health.

2.11.a. Identification of all academic degree programs by degree and area of specialization. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.

The instructional matrix in Table 2.1.1 lists the academic degrees offered by the CPHSJ at both the master and doctoral levels. At the master's level, the MSPH is offered. The MSPH offers concentrations in epidemiology and behavioral science and health education. (A concentration in environmental and occupational health has been approved and will be offered beginning summer 2016.) The MSPH is intended for those with terminal degrees who seek training in population-based research methods to support their clinical research activities. The MSPH in both epidemiology and behavioral science and health education requires a core curriculum (12 credits), concentration coursework (15 credits) and electives (9 credits). Research methods courses are included in all areas. The completion and defense of a research project, which is submitted as a paper of publishable quality, is supervised by a faculty member from the concentration area. See ERF 2.11 Academic Degrees > MSPH for required course syllabi and sample manuscripts that serve as the culminating project.

At the doctoral level, the PhD PHS and the PhD SW are offered. See section 2.12 for a detailed description of the PhD PHS. The PhD SW requires a core curriculum (18 credits) that includes social work theory as well as research methods and statistics. The elective curriculum is 42 credits and courses from the MSW can be applied for advanced standing. Finally, the dissertation is 12 credits. The completion and defense of an original dissertation is advanced under the mentorship of a SSW faculty member. Current research areas of the SSW include externalizing and antisocial behavior, school dropout and educational risk, mental health, child and adolescent developmental outcomes, assets and poverty, and crime and criminal justice. The first cohort of six students matriculated in fall 2014.

2.11.b. Identification of the means by which the school assures that students in academic curricula acquire a public health orientation. If this means is common across these degree programs, it need be described only once. If it varies by degree or program area, sufficient information must be provided to assess compliance by each.

TABLE 2.11.B COURSES THAT PROVIDE A PUBLIC HEALTH ORIENTATION FOR ACADEMIC DEGREES

| Degree(s) | Course Number & Title | Credits |
|---------------------|---|---------|
| MSPH-BSHE, MSPH-EPI | PUBH5010 Mission and Practice of Global Public Health | 3 |
| | EPI5000 Principles of Epidemiology | 3 |
| | BST5000 Principles of Biostatistics | 3 |
| MSPH-EPI | BST5100 Introduction to General Linear Modeling | 3 |
| | EPI5020 Epidemiology Methods II | 3 |
| PhD SW | PUBH5010 Mission and Practice of Global Public Health | 3 |
| | EPI5000 Principles of Epidemiology | 3 |
| | Elective coursework in biostatistics | 3 |

Both MSPH programs include PUBH5010 Mission and Practice of Global Public Health. The MSPH in Behavioral Science and Health Education requires students to take epidemiology, biostatistics and advanced public health education courses. The MSPH in Epidemiology also requires students to take both introductory and advanced courses in epidemiology and biostatistics.

The PhD SW requires students to take PUBH5010 Mission and Practice of Global Public Health, EPI5000 Principles of Epidemiology, and elective coursework in biostatistics.

2.11.c. Identification of the culminating experience required for each academic degree program. If this is common across the school's academic degree programs, it need be described only once. If it varies by degree or program area, sufficient information must be provided to assess compliance by each

The culminating experience for the MSPH is a research project that results in an oral presentation and a publishable quality paper. Students admitted to this program are expected to have an existing data set or potential project they use to answer research questions they have identified. Their project for the culminating experience results directly from these sources.

The culminating experience for the PhD SW is the presentation and defense of an original dissertation that is a piece of original and independent research on a topic of importance that has been previously unresolved within the major field. More information about this degree program can be found in ERF 2.11 Academic Degrees > PhD SW.

In collaboration with the Department of Psychology, the College offers a dual MSPH-BSHE and PhD in Clinical Psychology. The dissertation in Clinical Psychology serves as the culminating experience for this degree. A public health faculty member serves as the third or fourth committee member and the student is expected to include a public health grounding to the project. This is typically accomplished by demonstrating the epidemiology of the health problem as well as components of program evaluation.

2.11.d. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

STRENGTHS:

- The CPHSJ offers two "other" academic degrees (MSPH, PhD SW) and the PHS PHS.
- The academic programs expose students to public health concepts through appropriate classes.
- The academic programs have clearly defined expectations for culminating experiences.

WEAKNESSES:

- NA

PLANS

- NA

2.12 Doctoral Degrees.

The school shall offer at least three doctoral degree programs that are relevant to three of the five areas of basic public health knowledge.

2.12.a. Identification of all doctoral programs offered by the school, by degree and area of specialization. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.

The objectives for the PhD PHS program are to: 1) select, prepare and graduate individuals for public health research, education and practice in academic, private and public research, and consulting organizations, 2) allow students to gain expert skills in research design, methods and dissemination, and a solid understanding of public health science, and 3) train future public health researchers in an apprenticeship model in which students are matched on admission with a mentor(s) in their chosen fields of study who have an active research agenda. The overarching goal is to prepare students who will make a significant impact on the health and well-being of the community through scholarly work.

As shown in the instructional matrix in Table 2.1.1, the comprehensive doctoral program in public health studies offers seven concentrations. Primary, full-time CPHSJ faculty have responsibility for all concentrations, except health services research. For this concentration, CPHSJ faculty actively collaborate with the faculty of SLUCOR, the health services research division of the department of internal medicine of the SLU SOM. The director and other faculty of SLUCOR hold secondary appointments in the CPHSJ. The director of SLUCOR was the previous co-director of the doctoral program.

The PhD PHS is competency-based. The course by learning activity matrices can be found in ERF 2.6. Required Competencies > Table 2.6.1 Course Competency Matrices.

2.12.b. Description of specific support and resources available to doctoral students including traineeships, mentorship opportunities, etc.

Doctoral students study and work side-by-side with nationally known educators and researchers who serve as mentors. Applicants are only admitted to the program if they are able to match with a faculty mentor with an active research portfolio congruent with the applicant's intended area of inquiry and this faculty is willing to mentor the applicant.

The CPHSJ has a total of 12 graduate research assistantships (GRA) for doctoral students that combine 21 credits of tuition, a monthly stipend for 11 months, and health insurance, if required. The GRAs are renewable for one year. Beyond the two years, faculty support doctoral students as able. All students are provided with a student handbook, which describes in detail the various components of the doctoral program, specific procedures to be followed to advance through the program, and resources for students and their mentors (ERF 2.12 Doctoral Degrees > PhD PHS Handbook). A program coordinator is available to students to help them move through the administrative requirements associated with the doctoral program.

Students serve on the doctoral steering committee and help set the direction of the doctoral program. As a result of student input, the program made small grants available that allow students to conduct research related to their dissertation.

Other types of support for the doctoral students include:

- An account on box.com where resources for manuscript writing, grant writing, presentation skills, and careers are housed. All students and their mentors can contribute to this resource. Pre-doctoral grants are also posted on box.com on a routine basis.
- Travel awards for students presenting at local, regional, and national conferences on a case-by-case basis
- A writing group started by students and faculty that reviews manuscripts of fellow students and their mentors
- Opportunities to spend time with inside and outside speakers that present to the CPHSJ to foster collaborations and receive career advice (e.g., CRISP series)
- Instrumental input into the development and implementation of the first (2014) College-wide doctoral research symposium, which will be conducted annually. Doctoral students were selected for oral presentations based on their submitted abstracts. All interested students presented posters.

2.12.c. Data on student progression through each of the school's doctoral programs, to include the total number of students enrolled, number of students completing coursework and number of students in candidacy for each doctoral program.

We monitor each student as he or she progresses through the doctoral program starting with matriculation and focusing on key milestones such as dates of written exams, oral exam, dissertation proposal prospectus, dissertation defense, and funding. The co-directors of the doctoral program contact the student and his/her mentor inquiring about the lack of progress, when needed. We also routinely monitor the average and median time to degree for matriculated students in order to maximize the students' learning experience and subsequent potential for a career of their choosing while not delaying the degree unnecessarily. The table below demonstrates doctoral student progression from 2014-16.

Each year, students complete a PACE form that documents their progress in the program. See section 2.7 for its description and ERF 2.12 Doctoral Degrees > PACE Form for an example. Beginning in the 2014-15 academic year, the University requires that graduate students have at least one documented meeting with his/her mentor each year. Depending on where they are in the programs, PhD students meet from once a semester to weekly.

Table 2.12 below provides an overview of the graduation, admission and enrollment status of students in the PhD PHS program for AY14-15 and AY15-16.

TABLE 2.12 PHD IN PUBLIC HEALTH STUDIES STUDENT DATA

| | PhD in Public Health Studies | | | | | | | Total |
|---|------------------------------|------|-----|-----|-----|-----|-----|-------|
| | BSHE | BSDP | BST | EOH | EPI | HMP | HSR | |
| # newly admitted in AY15-16 | 1 | 0 | 0 | 0 | 4 | 3 | 1 | 9 |
| # currently enrolled ⁽¹⁾ in AY15-16 | 5 | 5 | 4 | 1 | 11 | 5 | 10 | 41 |
| # completed coursework during AY14-15 | 2 | 2 | 1 | 0 | 3 | 1 | 0 | 9 |
| # advanced to candidacy ⁽²⁾ during AY14-15 | 1 | 0 | 1 | 0 | 1 | 1 | 3 | 7 |
| # graduated in AY14-15 | 3 | 0 | 1 | 0 | 1 | 3 | 0 | 8 |

FOOTNOTES TO TABLE 2.12

(1) Count includes newly matriculating students and continuing students

(2) Advancement to candidacy is automatic and occurs when the student has passed the oral examination

2.12.d. Identification of specific coursework, for each degree, that is aimed at doctoral-level education.

There are three components to the doctoral studies curriculum.

The **first component is the core doctoral curriculum**, shared across all concentrations and required of all students, comprised of a total of 15 credits. It focuses on the “core” competencies that are expected of all individuals receiving the PhD PHS degree. This set of knowledge, skills and abilities includes both the multidisciplinary, scientific fields that inform public health research and the research design, methods and dissemination techniques that facilitate scholarly contribution to one of these public health fields of study. The following courses address the core knowledge and skills:

- PHS6010 Design and Analysis in Public Health
- PHS6050 Science, Theory and Public Health
- PHS6060 Applied Research Skills
- PHS6900 Professional Development
- BST5100 Introduction to General Linear Modeling

See ERF 2.12 Doctoral Degrees> Syllabi for core and required concentration courses.

The **second component is the concentration curriculum** comprised of courses totaling 45 credits. Each doctoral student is expected to demonstrate in-depth knowledge and expert skills and abilities in their chosen concentration. The **third component consists of the dissertation**, which includes 12 dissertation credits.

Students work with their mentors from the onset of the program to develop and revise as needed an Individualized Program of Study (IPS), which outlines the courses the student will take during their doctoral studies. The IPS is individualized in the concentration and elective curriculum to allow the student to gain the skills and competencies for their respective interests and career goals (ERF 4.4 Advising and Career Counseling > Curriculum Plans > PhD PHS).

2.12.e. Assessment of the extent to which this criterion is met and an analysis of the school’s strengths, weaknesses and plans relating to this criterion.

This criterion is met with commentary.

STRENGTHS:

- CPHSJ has an active doctoral degree program with seven concentrations that are in the core areas of public health. Full-time CPHSJ faculty directly support each of the concentrations. SLUCOR faculty with secondary appointments in the CPHSJ, in collaboration with full-time SLU SPH faculty, actively support health services research.
- The curriculum relies on competencies to guide its core curriculum.

WEAKNESSES:

- Over the past year, we identified substantial variability in the quality of the students’ oral exams that serve as a proposal for the dissertation.
- We have not had a large number of courses from which students can choose for their methods requirements, in particular advanced methodological courses. This is particularly an issue for students who received their MPH from the CPHSJ.

PLANS:

- During AY14-15, we instituted new procedures to enhance the quality of the dissertations. We clarified expectations to reduce variability in and increase the likelihood of successful completion. We also provided additional sections in the handbook that describe the mentor expectations and strategies for increasing communications between the mentor and the doctoral student.
- Recently, we developed a Sampling Theory & Survey Design in Public Health course and are planning a Public Health Informatics/Big Data course to be taught in the 2016-17 academic year. We are actively developing additional courses by building upon the existing infrastructure in selected concentrations, recognizing the available faculty to teach these courses.

2.13 Joint (Dual) Degrees.

If the school offers joint degree programs, the required curriculum for the professional public health degree shall be equivalent to that required for a separate public health degree.

CPHSJ has a variety of degree programs that allow students to enhance their educational experience while at the same time reducing the time and financial investment required:

Dual Degree Programs: Two graduate/professional degrees pursued concurrently.

Enrollment in a dual degree program requires applicants meet the admission requirements of and be admitted to each program separately based on the criteria for any other applicant. The minimum total credits requirement for each degree must be met. It is not required that both degrees be granted concurrently.

Accelerated Degree Programs: Graduate-level courses required in the graduate degree program are taken during the student's senior year and are accepted towards the conferral of an undergraduate degree.

Enrollment in an accelerated degree program requires applicants meet the admission requirements of the accelerated program. The minimum total credits requirement for each degree must be met.

2.13.a. Identification of joint (dual) degree programs offered by the school.

DUAL DEGREE PROGRAMS

The CPHSJ participates in one dual MPH degree program with another graduate degree in CPHSJ (MPH-MSW) and three dual MPH degree programs with other schools or colleges at SLU (MD/MPH, MPH/MS in Nutrition and Dietetics [MSND] and MPH-HMP/JD). The MSPH, MHA and MSW participate in dual degree programs as well. See Table 2.1.1 Instructional Matrix for a complete listing of all dual degree programs.

ACCELERATED DEGREE PROGRAMS

The CPHSJ has established accelerated degree programs between the BSPH and all of the MPH concentrations except global health and public health practice. See section 4.3 for Accelerated Public Health program admission criteria. The students take six graduate level core courses – BSH5000, BST5000, EOH5000, EPI5000, PUBH5010 and PUBH5110 – and one to two MPH concentration courses in their senior year. To be able to matriculate into and complete the remaining requirements for the graduate degree, students must have been conferred their undergraduate degree and acceptably achieved the graduate-level courses taken during the senior year (cumulative GPA of 3.0 GPA in graduate courses and no grades in the MPH courses below a B-). The CPHSJ also offers an accelerated BS and MPH with Augustana University. Students take a full three-year science curriculum at Augustana and apply first-year MPH courses to their undergraduate degree, which is earned from Augustana after the first year of the MPH. To date, we have only had one student attend this program. The student ran into issues related to financial aid, and SLU helped to rectify the problem by providing assistance. However, SLU cannot take on financial support for all of these students so we are exploring ways to rectify the situation so more students will be attracted to the program.

The MHA and MSW also participate in accelerated degree programs. See ERF 1.5 Governance > Student Handbooks > BSBST, BSEM, BSHM, BSPH Student Handbook and the BSSW Program Handbook for more information about these programs.

DUAL (JOINT) DEGREE PRACTICE EXPERIENCES

Students in the MPH/MSW and MPH/MSND dual degree programs satisfy the practice experience requirement by completing approved, supervised and evaluated practice with a public health focus in the non-MPH degree program. These experiences are documented using forms provided by both the non-MPH degree programs and the MPH PEC.

MPH-MSW

The MPH-MSW Program allows the student to specialize in the social service aspects of public health and prepares the student for a variety of positions in health care settings. The MPH PEC advises MPH-MSW students for the CPHSJ. Students are required to take SWRK 5820 (Concentration Integrated Practice Seminar), SWRK5842 Clinical Practicum II and SWRK5843 Clinical Practicum III, which also fulfills the MPH degree practice experience requirements. The focus of this shared practicum experience must be in the area of social work and public health. The SSW is responsible for reviewing and approving preceptors' sites, since they must be licensed social workers to meet the CSWE requirements. SSW faculty also monitor all practica. As part of this self-study we recognized that this process had some holes and we were not able to accurately assess the level of public health competency that students were achieving. We have begun to work more closely with the SSW Practicum Coordinator to enhance communication between and documentation about these internships. Specific details about the MPH-MSW practice experience, including the forms used to document the practicum, can be found in ERF 2.13 Joint (Dual) Degrees > MPH MSW.

MPH-MSND

The primary goal of this degree program is to prepare nutrition specialists to work in many types of public health and voluntary agencies, as well as medical care and educational settings. The program in nutrition and dietetics has a designated faculty advisor for the dual degree students. The practicum, DIET5450 Public Health Nutrition Practicum, also fulfills the internship requirement for the MPH degree curriculum.

The public health nutrition practicum is the culminating experience for those students receiving a dual degree in nutrition and dietetics and public health. The MSND faculty advisor shares the students' completed paperwork with the MPH PEC. The required paperwork can be found in ERF 2.13 Joint (Dual) Degrees > MPH-MSND.

The objectives of this supervised field experience are as follows:

- To provide an experience against which the student can compare concepts, models, and skills learned in the classroom to the field site
- To develop an appreciation of the complexity of organizations and identify the individuals who comprise them
- To provide insights for further development of skills and knowledge for further practice

Similar to the issues we discovered with the MPH/MSW practicum, and although we regularly meet about curricular issues, we recognized that the paperwork used by the nutrition and dietetics department needed to be updated. That work will be completed during fall 2015.

2.13.b. A list and description of how each joint degree program differs from the standard degree program. The school must explain the rationale for any credit sharing or substitution as well as the process for validating that the joint degree curriculum is equivalent.

The dual degree programs in medicine, nutrition and dietetics, and social work combine with the MPH in Public Health Practice (42 credits). A comparison of the MPH Public Health Practice concentration requirements in the dual degree programs can be found in ERF 2.13 Joint (Dual) Degrees > Comparison of MPH Dual Degree Requirements. For the practice experience, students in the MD/MPH dual program do a traditional public health practice experience that allows them to practice public health skills. Students in the dual programs with nutrition and social work are required to follow the process for the respective programs' practicum in order to meet the requirements of their accreditation criteria. However, there is always a requirement to incorporate public health skills as part of the practica. See section 2.13.a for a description of these dual internship processes. The nutrition practicum is three credits, all counting toward the MPH practice experience, while the social work practicum is eight credits, with six credits counting toward the MPH practice experience.

Students in the non-dual degree public health practice MPH take HMP5500 Health Policy as part of the practice concentration. This course is waived for dual nutrition MPH students. In consultation with the dietetics faculty, we believed it important to include DIET5400 Nutrition Education, in lieu of the policy course, as it would enhance their patient and community education competency, a skill the nutrition graduates require to work with clients and community groups. The nutrition faculty and MPH program director believe that the PUBH5620 Politics and Public Health Advocacy would give students adequate skills for the types of policy and advocacy work in which nutrition graduates are involved.

Students pursuing the dual MPH-HMP and JD degrees take LAW8000 Health Care Law in lieu of HMP5510 Health Policy and Law because it meets the competencies and objectives of HMP5510. LAW8000 has much more relevance for the law students because it covers public health law as well as policy. See ERF 2.13 Joint (Dual) Degrees > Comparison of MPH Dual Degree Requirements that illustrates the substitution.

All decisions regarding course sharing or substitution are made by the program directors in collaboration with their counterparts in the departments representing the joint (dual) degree. Faculty review the syllabi for each course to assure the content is equivalent to the public health course.

2.13.c. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

STRENGTHS:

- The CPHSJ offers a number of dual degrees with the MPH as well as with the MHA and MSW.
- The CPHSJ offers accelerated MPH programs; the College also offers accelerated programs with the MHA and MSW.
- The core courses are the same for the dual programs with the MPH; the practice experiences for the MSW and nutrition programs follow the requirements of those degrees

because of their accreditation guidelines, however the practice experience face time turns out to be greater in these joint degrees.

- The concentration courses are the same with the exception of the omitting the HMP5500 Health Policy course for the nutrition students; the dual law students take LAW8000 Health Care Law in lieu of HMP5510 Health Policy and Law.

WEAKNESSES:

- NA

PLANS

- NA

2.14 Distance Education or Executive Degree Programs.

If the school offers degree programs using formats or methods other than students attending regular on-site course sessions spread over a standard term, these programs must a) be consistent with the mission of the school and within the school's established areas of expertise; b) be guided by clearly articulated student learning outcomes that are rigorously evaluated; c) be subject to the same quality control processes that other degree programs in the school and university are; and d) provide planned and evaluated learning experiences that take into consideration and are responsive to the characteristics and needs of adult learners. If the school offers distance education or executive degree programs, it must provide needed support for these programs, including administrative, travel, communication and student services. The school must have an ongoing program to evaluate the academic effectiveness of the format, to assess learning methods and to systematically use this information to stimulate program improvements. The school must have processes in place through which it establishes that the student who registers in a distance education or correspondence education course or degree is the same student who participates in and completes the course or degree and receives the academic credit.

2.14.a. Identification of all degree programs that are offered in a format other than regular, on-site course sessions spread over a standard term, including those offered in full or in part through distance education in which the instructor and student are separated in time or place or both.

The CPHSJ offers multiple distance-based courses and programs, all of which are consistent with the mission of the College (*unique teaching approaches that inspire students*) and University (*pursuit of truth through innovative and effective scholarship*). These courses and programs have the same quality expectations and requirements as fully residential/face-to-face courses and programs. They are based on a set of competencies specific to the field and have clearly stated learning outcomes that are associated with the programs' competencies. All distance-based and hybrid courses incorporate teaching pedagogy that is applicable to an online environment and the adult learner. The College and University provide ample administrative and financial support for these courses and programs.

Distance-based courses and programs include:

- The MSBSDP, which is the only completely distance-based education program in the CPHSJ.
- An EMHA program that is offered in a hybrid format, providing courses in a combination of face-to-face meetings/sessions and online learning.
- An MPH with a concentration in BSDP, as well as joint MPH degrees in BSDP and EPI, and BSDP and EOH, and an Emergency Management in the MSCPP. These programs consist of a combination of face-to-face courses as well as the completely distance-based BSDP courses.
- The collaborative MSW with Lourdes University in Ohio will be offered beginning in the 2015-16 academic year. The CPHSJ will offer all of the online courses, while Lourdes will offer three to four residential courses and be responsible for the practicum. The MSW will be granted by SLU.
- The CPHSJ offers some of its core courses online, e.g., epidemiology and biostatistics.

2.14.b. Description of the distance education or executive degree programs, including an explanation of the model or methods used, the school's rationale for offering these programs, the manner in which it provides necessary administrative and student support services, the manner in which it monitors the academic rigor of the programs and their equivalence (or comparability) to other degree programs offered by the school, and the manner in which it evaluates the educational outcomes, as well as the format and methods.

MPH AND MASTER OF SCIENCE IN BIOSECURITY AND DISASTER PREPAREDNESS

Rationale for offering the program: The MSBBDP was initiated in 2006 to meet the demand from employed professionals to obtain a master's degree in the rapidly expanding field of disaster preparedness. The MPH-BBDP was developed shortly after the MS in response to student requests.

Explanation of the model or methods: The MSBBDP is completely distance-based. It does not have a residency requirement. Students in the MPH program take all required MPH core courses in residence and 27 hours of concentration courses, which are the same courses taken online in the MS program. All BBDP courses are delivered completely online, asynchronously using the Blackboard Learning Management System platform.

Administrative and student support: The director of the Institute for Biosecurity within the EOH department manages the MS as well as the MPH programs in BBDP. Four full-time faculty members primarily teach the BBDP courses and additional part-time external adjunct faculty members are used as needed. A full time program coordinator oversees the administration of the MS program and assists those students with admissions, registration, curricular planning, and degree evaluation. Students in the MPH program work with the director of student services for those services. The program coordinator also provides the MS program with marketing, communication, and fiscal services support. The coordinator circulates a monthly newsletter to keep the students informed of academic information, such as registration deadlines and degree evaluation requirements, as well as general information about happenings at the CPHSJ.

Admissions: The admission criteria for the MPH-BBDP are the same as all other MPH programs at the College. See Section 4.2. The MSBBDP admissions criteria are similar to all other graduate degrees in the College, except that applicants are exempt from taking the Graduate Record Exam (GRE). The majority of students are adult professionals who have been out of school for several years and it was believed that the GRE would not necessarily reflect the applicant's ability to perform well in the program.

Evaluation: Educational outcomes for the MS are evaluated directly by course grades and successful completion of the capstone course, and indirectly with alumni surveys. Educational outcomes for this MPH are evaluated by the oral comprehensive examination, practice experience evaluations, self-assessment of competencies (beginning fall 2015), successful completion of the capstone course, and alumni surveys. See examples of student capstone projects in ERF 2.14 Distance Education > MSBBDP Capstone.

EXECUTIVE MASTER OF HEALTH ADMINISTRATION (EMHA)

Rationale for offering the program: In January 2012, the HMP Department initiated the EMHA program in order to meet the demand of professionals already in the workplace who desire an advanced degree, but cannot quit their jobs to attend a residential program.

Explanation of the model or methods: The EMHA is delivered via a blended-distance model (80% online; 20% classroom), using a combination of asynchronous learning via the Blackboard Learning Management System platform and face-to-face Saturday class sessions. Courses are offered year-round through a part-of-term format in which each course is a four-week long intensive learning module. EMHA students may take the program full-time over two years or part-time over four to five years.

Administrative and student support: A full-time faculty member, who is the program director, oversees the program. Faculty in the HMP department teach EMHA courses, as well as adjunct faculty who are working professionals. The program has a full-time program coordinator who oversees the administration of the program and assists students with admissions, registration, curricular planning, and degree evaluation, working closely with the CPHSJ registrar. The coordinator assists faculty with Blackboard and other online learning technologies, as well as providing the program with marketing, communication, and fiscal services support.

Admissions: To be admitted into the EMHA program, applicants are required to have three to five years of work experience and be able to demonstrate through an essay and interview that they are able to handle the rigors of online, hybrid education. The GRE is not required for admission because the population for this degree program is working adults.

Evaluation: The evaluation of learning outcomes is the same as with the residential MHA with the exception of the internship. Students are practicing professionals and therefore do not require an internship as do inexperienced students. The students all participate in the executive board analysis as a culminating experience and annually self-assess on the MHA competencies. See examples of executive board analyses in ERF 2.14 Distance Education > EMHA Executive Board Analysis.

ALL DISTANCE-BASED AND HYBRID COURSES AND PROGRAMS

Academic rigor: Distance-based and hybrid courses are approved through the standard College processes (i.e., department, programs and academic affairs committee). Program directors or department chairs review online courses for the structure of the syllabus and the scholarly nature of teaching and content, required competencies, the learning/evaluation activities, opportunities for faculty-to student interaction and evaluation each week as well as activities to promote student-to-student interaction and discourse. Courses use the discussion component of Blackboard when applicable and students are evaluated on their participation in discussion groups. All distance-based and hybrid courses meet the contact hours requirements of face-to-face courses. Students are evaluated on the basis of online testing, online interactive activities, paper assignments, and participation in discussion groups. All distance-based and hybrid courses are held to the same academic standards as face-to-face traditional courses, only the teaching platform is different. This is most evident when comparing courses that are taught in both the face-to-face and distance formats. Those courses have the same competencies, expectations, and evaluations in terms of student learning; the only difference between the courses is the teaching platform.

At the program level, the executive and residential MHA share the same competencies and, therefore, both developed their academic programs accordingly. Course equivalency is monitored annually by the program directors and coordinators by reviewing the syllabi to assure the same competencies are being addressed. There are some differences, however, between the curricula. The EMHA was slightly modified to meet the specific needs of busy executives. The EMHA does not include an internship requirement, or the Health Management and Policy Rounds course, which serves as a professional development and internship preparation course. In addition, because the curriculum is designed for those currently working in the field, students are not required to take Financial Aspects of Health Care, which covers health care funding, a topic that seasoned professionals are fully knowledgeable about. Finally, in place of two of the four electives, students in the EMHA program take a project management and a performance improvement course. These courses became required after students and other leaders in the field identified those skills as priorities for health care administrators in the current environment.

Administrative and student support: Applications, admissions, and registrations follow the standard procedures and receive the standard University and College support for distance courses and programs. In addition to University-wide administrative support for IT services and/or Blackboard assistance, the College has three full-time staff members who oversee the instructional design (digital technology team) and support requirements of all distance-based, hybrid, and “flipped classroom” courses. The digital technology team assists students and teaching faculty with the Blackboard platform and any other learning technology-related questions.

Evaluation: Course evaluations are conducted using the IDEA system. Adjunct faculty who do not receive scores above the mid-range course evaluation scores are offered a one-time opportunity/semester to improve their teaching scores, and are offered free assistance through the CCTL as an optional, non-punitive resource. If scores do not improve after the second semester, the adjunct faculty are not invited back to teach and contracts are not renewed. All faculty teaching online are trained by program staff in technology and instructional design methods. Responses from student evaluations and alumni surveys indicate a high level of student satisfaction with the College’s distance-based and hybrid programs.

Program Assessment: Beginning in the 2015-16 academic year, all academic programs will participate in an assessment as mandated by the University. A plan for implementing the assessments across the College is due late fall 2015.

2.14.c. Description of the processes that the school uses to verify that the student who registers in a distance education or correspondence education course or degree is the same student who participates in and completes the course or degree and receives the academic credit.

As part of student admissions procedures, all students in distance-based and/or hybrid programs must register for a SLU Banner account (a SLU user ID that provides access to SLU email), which provides each student a unique identifier. As with campus-based students, distance-based and/or hybrid program students use this account to access all student online services mediated by SLU, including libraries, intranet, and Blackboard course content. All online services, including Blackboard, require logging in using the student SLU ID and are password protected. In addition, all students admitted to the College are required to participate in an Academic Integrity module, including signing a pledge stating that they will adhere to this policy.

This module addresses the issue of student participation in coursework. See ERF 4.4 Advising and Career Counseling > CPHSJ Academic Integrity Module to review the module.

2.14.d. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

STRENGTHS:

- The CPHSJ has the expertise to offer distance and hybrid courses and programs.
- All courses and programs are guided by clearly articulated student competencies that are rigorously evaluated for program improvement.
- The College offers many resources to faculty teaching in the online environment, including mentoring from experienced faculty, dedicated instructional design staff who have knowledge and experience with Blackboard and distance-based technologies, and access to the CTTL. Workshops and educational programs are offered to faculty who teach in an online environment, and the College faculty who teach online have hosted multiple sessions to discuss best practices for online teaching pedagogy.
- SLU requires students to use a password to sign into email, Blackboard, and Banner.
- SLU has instituted technologies such as Fuze Meeting for online interaction as a way to engage students involved in online courses.

WEAKNESSES:

- NA

PLAN:

- The learning technologies advisory committee (a University committee) is currently in the process of investigating various mechanisms (e.g., lock down browsers, visual confirmation of student identification) to enhance online learning and better ensure that the student who registers in a distance or correspondence education course or degree is the same student who participates in and completes the course or degree.

3.0 Creation, Application and Advancement of Knowledge

3.1 Research.

The school shall pursue an active research program, consistent with its mission, through which its faculty and students contribute to the knowledge base of the public health disciplines, including research directed at improving the practice of public health.

3.1.a. Description of the school's research activities including policies, procedures and practices that support research and scholarly activities.

OVERVIEW

Consistent with the CPHSJ mission, we emphasize research and scholarship through:

- Investment in research infrastructure and support to faculty
- Investment in student involvement in the research enterprise
- Explicitly prioritizing research and scholarship in faculty hiring decisions, annual performance reviews of faculty, and promotion and tenure decisions

Also, consistent with the Jesuit emphasis on academics and formation of students and scholars, faculty are encouraged to maintain a balance between research, teaching, and service obligations. Finally, consistent with our values, many faculty emphasize application and practice in their research and scholarship, and actively collaborate with community partners in establishing needs and priorities for research focused on social justice.

POLICIES AND PROCEDURES

Faculty Expectations

Most faculty members (excluding faculty who are hired only to teach) are expected to develop and conduct research, as stated in the faculty manuals (ERF 1.5 Governance > Governance Documents > PH Faculty Manual and SSW Policies, Norms and Practices for Promotion and Tenure). These expectations are explicitly stated in initial offer letters upon recruitment, discussed during annual evaluations with chairs, and emphasized within less formal, ongoing departmental discussions. The College promotes and supports faculty research via the research office (pre-award) and the business office (post-award). All research projects involving human subjects are reviewed by the University IRB and must be approved before research is initiated.

Administrative Responsibilities

The ADR is responsible for directing the research office and overseeing the College's research enterprise. This includes developing adequate research resources, proposing the research agenda for the College's strategic plans related to research, and fostering a culture of research excellence. In addition, the ADR, as part of the research office, develops an active research culture that fosters the highest achievements, encourages originality and innovation, and enriches the faculty and student learning experience.

The ADR serves as the liaison between the College and the University's office of research development services (ORDS, pre-award), which is located in the office of the vice president for research. The ADFA who manages the College's business office that is responsible for post-award activities, is the liaison with the office of sponsored programs (OSP), also located in the office of the vice president for research. The ADR maintains information on the faculty's primary

areas of research interest and works with the departments and their faculty to help develop and sustain research.

Responsibilities of the ADR include mentoring individual faculty, evaluating new funding opportunities with departmental chairs, fostering and encouraging multi-disciplinary collaborations within the College and across the University, and monitoring evolving or emerging areas for new research. The ADR frequently meets with the University vice president for research and colleagues at other University colleges and schools, e.g., the schools of medicine, nursing, and allied health, to discuss matters of mutual interest. The ADR also represents the College on University research-related committees (e.g., University-wide strategic planning).

The Research Advisory Council

Chaired by the ADR, the RAC is charged with:

- Supporting the mission of the College research office to promote a dynamic, innovative, and productive research community.
- Identifying research priority areas and upcoming funding opportunities.
- Codifying, developing, or modifying written policies and procedures, when necessary.
- Helping to develop initiatives and mechanisms for building and growing the College's extramural funding base.
- Helping to implement the strategic plan pertaining to scholarship
- Assisting with the College pilot research awards.

The RAC is comprised of faculty members representing each of the departments and with a track record of outstanding scholarship, that may include awarded external funding, and staff members from the research office. Members of the RAC are invited to serve by the research office with the support of their department chair. Each member may serve a term of two years with no term limits. The RAC meets monthly each semester and as convened by the ADR (ERF 3.1 Research > Research Advisory Council Bylaws.)

Faculty Research Support

All grant and contract proposals, including subcontracts to other agencies and institutions, must pass multiple levels of review and approval. The research office works with principal investigators to develop grant and contract proposals, including subcontracts to other institutions. The business office conducts a fiscal review of all applications. The final level of review and approval on all grant and contract proposals is handled by the University's ORDS. If awarded, the University's OSP monitors all grants and contracts for compliance with office of management and budget circulars. While the faculty member has primary responsibility for the fiscal and administrative aspects of the grant, the grants manager at the CPHSJ's business office is responsible for day-to-day management and is also the liaison between the faculty principal investigator and the University's OSP.

Pilot Research Programs

There are several sources of pilot funding available to faculty at the CPHSJ. In FY2014, the College started a fund for a small pilot research program (currently \$10,000 annually) that provides seed money for faculty research initiatives tied to the strategic plan to generate pilot data for grant submissions. This program is administered by the CPHSJ's research office. The RAC reviews all proposals for scientific rigor before funds are awarded. Faculty at all academic

ranks are eligible to apply, but preference is given to junior faculty. Three proposals have been funded to date. Grants directly resulting from this pilot program have been submitted but it is too early to determine its success.

The SLU office of the vice president for research makes the Presidential Research Funds available annually (\$25,000 or \$50,000/project). The Beaumont Faculty Development Funds awards up to \$5,000 and the Stroble Award in the Health Sciences awards up to \$10,000 for pilot studies. Additional pilot research funds are available to faculty who are members of the Institute for Clinical and Translational Research (ICTS) and the Siteman Cancer Center (SCC) at Washington University in St. Louis. Several local institutions, including SLU, are part of the ICTS. Such pilot funds include the annual pilot funds (\$50,000/project) and monthly Just-In-Time funds (\$5,000/project) to access shared resources. Faculty members who are members of the prevention and control program of the SCC are eligible to apply for several cancer-related pilot funds.

Mentoring

Although informal mentoring occurs at the CPHSJ and formally at the University, the ADR and ADAA also recognized the need for a formal mentoring program at the College by developing a structure for both new and current junior faculty in collaboration with senior and junior faculty. The program will be rolled out some time in the AY15-16 (ERF 3.1 Research > Mentoring 060815).

Speaker Series

In fall 2014, The research office started a new monthly speaker series, CRISP, aimed at increasing collaboration among College faculty as well as promoting collaboration with outside institutions. Following a 30-minute presentation by the speaker, faculty and doctoral students have the opportunity to meet with the speaker one-on-one or as part of a small group to focus on common research interests. In all, 107 faculty, staff and students attended at least one of the four sessions to date. In fall 2015, the research office in collaboration with the doctoral program will start a new monthly speaker series, Advanced and Innovative Methods, aimed at showcasing cutting-edge research methods in public health.

Internal Study Section

The research office established a voluntary internal study section, with the help of senior faculty who previously obtained grant support from various agencies, organizations, and foundations. A database on the internal research office website containing contact information of the principal investigator, the grant title, funding agency, and type of grant facilitates potential grant applicants to use the expertise of the successful applicants in their own grant applications.

Publication Support Services

The research office has established publication support services. Editorial and formatting services foster manuscript submission to peer-reviewed journals. A pilot test of this service was launched in fall 2014. Based on its success, this service has been continued in 2015.

Faculty Research Interests

A survey of faculty research interests resulted in a database on the research office website. This will help facilitate finding collaborators across the departments in the College and throughout SLU.

Available Resources

Every Monday, the research office emails funding opportunity announcements to all faculty. The research office has grant templates of various funding agencies and organizations available to faculty. Policies pertaining to research are available on the College's internal research office website, which requires permission to access.

Research Compliance

The College is committed to fostering a culture of research compliance among investigators and their grant managers. Several resources and activities ensure that this culture is sustained and supported, including:

- The ADFA and all grants managers at the College meet at least monthly to discuss and share ideas, problems, and solutions encountered in grant management activities. The ADFA is in frequent contact with the director of the University's OSP, which oversees research compliance across the university.
- The University-wide grants management database system (electronic Research Services, eRS) provides principal investigators and business office grants managers the tools to monitor grant activity from submission of the application through the lifetime of the grant. This is a comprehensive, web-based proposal and research compliance information management system that provides a secure method for administrative review and collaborative proposal development. It includes electronic submission of grant applications, data collection through web-based forms, direct upload of proposal information, collection of critical research compliance information, data sharing across administrative and compliance offices, built-in "triggers" for notification to assure efficient review, and "on-the-fly" reporting capability for administrative decision-making.
- The University's OSP provides investigators with guidance on compliance questions including laws, regulations, and other binding agreements that govern research.
- The [University sponsored programs website](#) provides comprehensive information on sponsored projects administration, the development and administration of sponsored research projects, and the roles and responsibilities of faculty and grant administrators in research management and compliance.

Policies for Faculty Engaged in Research

All research activities must comply with University and College policies governing research, including:

Conflicts of Interest (COI). All faculty members who apply for external funding must report any potential conflicts of interest and, if appropriate, certify that no conflicts exist. Any potential conflicts of interest are referred to the University COI Committee to determine if a conflict exists, if it is manageable, and what steps, if any, must be taken in the conduct of the research. All faculty members at SLU also complete an annual declaration of conflicts of interest. This helps identify potential conflicts that may not be identified in a specific research project, but that may influence research activities.

HIPAA Compliance. All faculty members must adhere to University policies on confidentiality adopted in compliance with the Health Insurance Portability and Accountability Act (HIPAA).

Institutional Review Board. All faculty members, students and research staff who engage in human-related research and faculty members who supervise student research must be certified by the IRB as having been trained in the ethics, policies and procedures associated with human subject research. Certification is obtained by CITI Training.

Policies pertaining to research are available on the [University vice president for research website](#), with selected key policies also available on the College's internal research office website.

Indirect funding. A portion of the indirect funds received by SLU from external grants is provided back to the principal investigator. The specific details of such funds depend on annual policies set at the University level and is subject to change. See section 1.6 that describes indirect fund allocation. Our current full indirect rate is 51.5%; the indirect rate for "other sponsored activity" is 27.5%, and the "off campus" rate is 26%. The other sponsored activity and off campus rates require waiver approval.

RESEARCH PRACTICES

Departments participate in a variety of research activities ranging from etiologic, observational epidemiologic to community-based participatory projects focusing on a number of different topic areas. More detail about the research practices conducted in each department can be found in ERF 3.1 Research > Research Practices by Department.

3.1.b. Description of current research undertaken in collaboration with local, state, national or international health agencies and community-based organizations. Formal research agreements with such agencies should be identified.

Faculty in the CPHSJ conduct research in a range of areas with institutions and partners locally, regionally, nationally and internationally. With an emphasis on applied and collaborative research among faculty, partnership with community organizations from a range of sectors is commonplace. The following provides a listing of several common areas of research with examples among current funded projects.

Faculty from across the college are involved in partnerships that seek to:

- Implement public health programs.
 - Ricardo Wray co-directs the SLU CCPRO with Dr. Scott Fosco (SOM), Director, SLU Cancer Center, in partnership with The Breakfast Club, Inc., and The Empowerment Network – two community-based cancer survivor advocacy organizations – to provide outreach education and promote cancer prevention.
 - Several faculty (department of BSHE and the department of EPI) implemented various interventions focused on improving nutrition and physical activity in African American communities in southeast Missouri.
 - Pamela Xaverius works with various community agencies to implement Centering Pregnancy programs aimed at improving maternal and child health outcomes.
- Evaluate public health programs.
 - Darcell Scharff and Michael Elliott work with Nurses for Newborns to evaluate their programs.
 - Jeffrey Mayer evaluates the Eastside Healthy Start program.

- Conduct epidemiological cohort studies.
 - Zhengmin Qian works with universities, CDC, and maternal and child health centers in Wuhan and seven Northeast Chinese cities in China to conduct large cohort studies evaluating links between exposure to air pollution and maternal and child health outcomes in Wuhan, China.

The CPHSJ considers community-based research to be research that actively involves the community beyond simply being a study site, such as providing input into the study procedures, helping design an evaluation, or assisting with data collection. The community involves both individual and informal groups of community members, as well as community organizations, such as health departments, non-governmental organizations, schools, places of worship, worksites, clinics, or coalitions. Clinical trials and lab-based research are not considered to be community-based.

3.1.c. A list of current research activity of all primary faculty identified in Criterion 4.1., including amount and source of funds, for each of the last three years. See CEPH Data Template 3.1.1; only research funding should be reported here. Extramural funding for service or training/continuing education grants should be reported in Template 3.2.2. (funded service) or Template 3.3.1. (funded training/workforce development), respectively.

A summary of the grant awards by department is provided in Table 3.1.c below. Over the three year period, the College brought in more than \$30M in external support. The amount of external grant funding varies by department, with behavioral science and epidemiology having the most support. Just less than 50% of our research projects are community-based, with the behavioral science faculty conducting most of the community-based research. In addition, student participation is variable by department and in some cases does not occur, but overall student participation occurs in more than 50% of our projects.

TABLE 3.1.C SUMMARY OF RESEARCH ACTIVITY OF PRIMARY PH FACULTY PRINCIPAL INVESTIGATORS FY 2013-2015

| Department | Total Award in \$ | Percent of Total Projects that are Community-Based % (total projects) | Percent of Total Projects with Student Participation % (total projects) |
|------------|-------------------|---|---|
| BSHE | 15,787,508 | 60% (25) | 76% (25) |
| BST | 416,227 | 0 (3) | 33% (3) |
| EOH | 9,995 | 100% (1) | 0 (1) |
| EPI | 13,563,745 | 38% (24) | 58% (24) |
| HMP | 567,077 | 22% (9) | 33% (9) |
| Totals | 30,344,552 | 44% (62) | 60% (62) |

Table 3.1.1 Research Activity of Primary PH Faculty in ERF 3.1 lists in detail the research activity of the CPHSJ PH faculty over the last three years.

3.1.d. Identification of measures by which the school may evaluate the success of its research activities, along with data regarding the school's performance against those measures for each of the last three years.

Success of the research enterprise at the CPHSJ can be measured in various ways. The outcome measures in Table 3.1.D below were developed by the RAC and the ADR. They are based on 1) the CPHSJ strategic plan, as indicated by the pertinent objective in parentheses (below), 2) national trends in research, 3) faculty expertise, and 4) available data. Because of differences in faculty reporting requirement, some outcome measures are by fiscal year while others are by calendar year. The outcomes monitor research productivity, as well as community and student engaged research.

TABLE 3.1.D OUTCOMES MEASURES FOR RESEARCH

| RESEARCH | | | | |
|--|-----------------------------|-----------------------------|---------------|---------------|
| Outcome Measure (associated strategic planning objective) | Target⁽¹⁾ | FY2013⁽²⁾ | FY2014 | FY2015 |
| Total number of applications for external funding (per capita of grant awards); (Obj 1.1) ⁽³⁾ | 80 (1.2) | 68 (1.8) | 74 (1.0) | 52 (0.88) |
| Number of externally funded awards per capita for tenured and tenure-track faculty (number) (Obj 1.1) ⁽³⁾ | 1.0 (51) | 1.4 (55) | .9 (21) | 0.66 (39) |
| Amount of financial support for internal pilot grants. (Obj 1.1) ¹ | \$10,000 | n/a | \$10,000 | \$13,007 |
| Percentage of doctoral students who receive dissertation fellowships (Obj. 1.2) ⁽³⁾ | 15% | 4% | 2% | 0 |
| Percentage of students employed on externally funded grants of all such grants (Obj 1.3) ⁽¹⁾ | 70% | 65% | 69% | 45% |
| Number of externally funded awards including community members, agencies, or organizations (Obj 2.1) ⁽³⁾ | 30 | 29 | 28 | 20 |
| | | CY2012 | CY2013 | CY2014 |
| Per capita published or accepted peer-reviewed manuscripts (tenured and tenure-track faculty) (Obj 1.4) ⁽⁴⁾ | 3.0 | 3.3 | 2.7 | 3.31 |
| Total number of faculty-authored book chapters and books (Obj 1.5) ⁽⁴⁾ | 10 | 1 | 7 | 16 |
| Number of presentations at professional meetings by faculty and students (Obj 1.6) ⁽⁴⁾ | 20 | 27 | 13 | 22 |
| Number of published or accepted manuscripts by faculty with student co-authorship (Obj 1.4) ⁽⁴⁾ | 60 | 21 | 54 | 58 |
| Number of presentations at professional meetings by faculty (Obj 1.6) ⁽⁴⁾ | 200 | 141 | 181 | 230 |

FOOTNOTES TO TABLE 3.1.D

(1) Targets are set at the College level and reflect the strategic plan

(2) SSW data is not part of CPHSJ during this time period; they became part of the College during FY2014

(3) Data is based on fiscal year (July 1st - June 30th, e.g. 2012 = July 1, 2012 - June 30, 2013) and this is how the data are reported on the Research Activity (Table 3.1.1) and Funding Training/CE (Table 3.3.1) tables.

(4) Data is based on calendar year (January 1st - December 31st).

The percent of faculty who received external funding in FY13, FY14 and FY15 was 43%, 36% and 29%, respectively. FY14 and FY15 include SSW faculty.

3.1.e. Description of student involvement in research.

Both the University and the College are dedicated to student involvement in research. At the university level, 34 full GRAs are provided to the College for use by college faculty for the MPH, MHA, and PhD PHS. (social work has eight: five PhD and three MSW.) Full GRAs offer a stipend between \$16,500 and \$18,000 (for master's and doctoral students, respectively), 21 hours of tuition remission per year, and health insurance. These GRAs are divided between the doctoral and master's programs. Further, among the GRAs allocated to support master's students, some GRAs are divided in half so that twice as many students benefit from the support (albeit at a reduced level). In addition, faculty are encouraged to include GRAs in their budgets for external funds. When funding opportunities allow for full indirect costs, the College provides tuition remission to supplement the stipend included for GRAs in grant budgets. The College has \$230,000 in tuition that it can allocate to those students. In FY2014, the College supported 51 students as graduate research or graduate assistants in the MPH, MHA or PhD PHS programs.

University policy stipulates that GRAs' experience must supplement their academic experience, and asks that colleges evaluate GRA activities to assess the extent to which this is true (ERF 3.1 Research > GA Manual). In the past two years, evaluations of GRAs by mentors, and by GRAs about their experience, have shown clearly that GRAs gain important research experience as GRAs, learning skills related to study conduct, data analysis, and scientific writing. See ERF 3.1 Research > for the End of Year GA Report and the GRA Evaluation Instruments folder for faculty and GRA evaluation instruments. During fiscal year 2014, 62% of active research projects included student involvement. Undergraduate students may be involved in research through the honors program and with individual faculty.

All doctoral students are actively involved in research with their mentors and other faculty members inside and outside the College. During 2014, doctoral students published 28 manuscripts and gave 33 presentations at conferences. Doctoral students can apply to the CPHSJ for a small grant related to their dissertation research.

3.1.f. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

STRENGTHS:

- The SLU CPHSJ provides an environment that is conducive to research and scholarly inquiry by all faculty and many undergraduate and graduate students.
- The establishment of the College research office led by the ADR is emblematic of the institutional commitment and tangible support for faculty and students engaged in research and scholarship.
- Individual faculty research portfolios generate extensive involvement of faculty and students in important and timely public health questions and issues covering a span of research topics, settings, and populations.

WEAKNESSES:

- Declining federal funding for research continues to provide challenges, especially for junior investigators.
- Not all faculty members are actively developing research proposals for external funding. This may be because we have many junior faculty who are early in their careers.

PLANS:

- The ADR and the research office will actively increase collaboration among faculty, identify incentives for increasing research productivity (in particular, community-based research), and facilitate the development of research opportunities by building upon the Strategic Planning initiative.
- Together with senior and junior faculty, the ADR and ADAA created a mentoring program for new and existing junior faculty that includes research and/or teaching to be implemented by September 1, 2015.

3.2 Service.

The school shall pursue active service activities, consistent with its mission, through which faculty and students contribute to the advancement of public health practice.

3.2.a. Description of the school's service activities including policies, procedures and practices that support service. If the school has formal contracts or agreements with external agencies, these should be noted.

As a Catholic, Jesuit institution, SLU is committed to providing service that links University resources to local, national and international communities in collaborative efforts to:

- Alleviate ignorance, poverty, injustice and hunger.
- Extend compassionate care to the ill and needy.
- Maintain and improve the quality of life for all persons.

The commitment of SLU is evident as it seeks truth... for the service of humanity.

Faculty, students and staff throughout the University regularly participate in service activities. In fact, in the 2012-2013 academic year, SLU faculty, staff and students devoted more than 1.6 million hours to outreach and service. SLU is consistently ranked among the top ten universities for service provided and in 2014 SLU was named on the President's Higher Education Community Service Honor Roll for the seventh consecutive year. Additionally, SLU won one of 361 Carnegie Foundation Elective Community Engagement Classification honors for 2015. This tradition of service is woven into the fabric of the CPHSJ as well. We have a long history of participating in community service providing expertise and support to and learning from dozens of community-based agencies, public health departments, and health care organizations.

Every other year, the University's CSCE conducts a survey to track the co-curricular service work of students, excluding service done through the classroom (e.g., clinicals, practica). In the 2012-2013 academic year, 23% (n=171) of public health students responded to the survey. Eighty-five percent (85%; n=146) of respondents indicated they engaged in community service during the 2012-13 academic year. Of those who participated, 56% were undergraduate students and 44% were graduate students. In total, 228 service instances were reported by public health students, for a total of 9,575 hours (a singular instance can be anything from a one-time project to weekly tutoring, or beyond).

CPHSJ POLICIES

The missions of SLU and the CPHSJ call us to participate in service. As such, all faculty in the CPHSJ are expected to devote about 20% of their time to service for successful annual evaluations. This proportion can vary based on other teaching, research and administrative obligations.

Service includes:

- Professional activities (e.g., journal/book reviews, grant/contract reviews, journal editor/associate editor, editorial board, professional society committee, policy brief/report development, and legislative testimony)
- Community activities that enhance public awareness of public health issues (e.g., board membership, community forum/town hall meeting, media appearances, training, public health practice stewardship, and pro bono consultations)
- CPHSJ and University service

Community service must be tied to the use of one's professional knowledge or to the general knowledge that results from one's role as a faculty member of a university. In general, community service is meant to have a positive impact in the community and enhance public awareness of public health and social issues.

PROCEDURES

In keeping with the University and College service-centered missions, the Jesuit ideal of 'magis' (a calling to be more), and in living our College Covenant (see second page of this document), students, faculty and staff habitually explore new ways to engage with the community. With the public health challenges in our metropolitan area, there is no shortage of community service opportunities. Likewise, there are plenty of professional, College and University prospects. The CPHSJ has no formal procedures for recommending service or filing notice. The CSCE, however, is a valuable resource for faculty, staff and students to learn about community needs, projects and events in which they can participate. In addition, faculty learn of service opportunities from colleagues and students. Faculty are required to report the time, type of service and the role they provide annually on the faculty activity report.

PRACTICES

In keeping with the mission of SLU, many programs have been institutionalized at the University level that not only encourage, but also support service:

- The CSCE brings together students, faculty, and staff across the University to connect with community partners for service, community-based learning, and research.
- The law and medical schools both provide free clinics to patients and clients who do not have the means or resources to obtain services on their own.
- The schools of medicine, nursing, social work and the Doisy College of Allied Health collaborate to staff Casa de Salud, a health clinic designed to meet the needs of Latino immigrants. SLU medical students also run a free health clinic in the north part of the city, whose residents are historically underserved and African American.
- SLU pioneered the Campus Kitchen Initiative, where students and volunteers cook food each week resulting in the delivery of 500 meals a month.
- Each fall, members of the CPHSJ community participate in Make a Difference Day, an annual University event since 1997 that is coordinated by the CSCE. In 2014, more than 4,000 members of the SLU community contributed their time at over 160 sites in the St. Louis area.
- There are four honor societies into which members of our College community may be inducted into: Alpha Sigma Nu (the Jesuit honor society), Delta Omega (the public health honor society), Phi Alpha (the social work honor society), and Alpha Phi Sigma, the national Criminal Justice Society. All of these require demonstration of a commitment to and participation in community service, with Phi Alpha requiring community service hours each semester in order for inductees to remain in good standing.

Faculty from the CPHSJ participate in a number of service activities as listed in ERF 3.2 Service > Table 3.2.1 Service Activity of Faculty. Three initiatives deserve special attention here. First, faculty and students have been instrumental in developing the North St. Louis Initiative, which brings faculty, staff and students together in a more coordinated fashion to provide service to community organizations devoted to enhancing the health and well-being of residents of north St. Louis city and county. Faculty from the CPHSJ began this initiative in 2008. One of the outputs of this initiative is the North St. Louis Symposium – an afternoon poster presentation of

work that SLU faculty, staff and students are doing with the community. We invite both the community and SLU staff and students to use the event to network to form new partnerships. One outcome of the Initiative is a coordinated tutoring/reading program open to schools and schools districts in North St. Louis. Because of the recent events that occurred in Ferguson, Missouri and the peaceful responses that occurred on campus, the president has committed SLU's desire to work with and in the community. The North St. Louis Initiative and its members have been integrally involved in helping advise the president. As a result, the Clock Tower Accords were developed and consist of 13 activities that support our work with and in the community. As described in section 1.8, the president is committed to working with and in the local community and the North St. Louis Initiative is the natural catalyst for this work.

Second, in parallel with the North St. Louis Initiative, the SLU CCPRO was formed in 2012 by the CPHSJ and the Saint Louis University Cancer Center (CC). Fundamental to CCPRO is partnership. A collaboration of five funders, two schools, and over one hundred community partners, CCPRO offers critical cancer prevention services seeking to reduce cancer disparities in the St. Louis region. Primary programmatic goals of CCPRO are to:

- Coordinate outreach education and research efforts.
- Empower underserved populations in North St. Louis City and County.
- Promote collaboration with community partners and agencies.

CCPRO has participated in more than 280 outreach and screening events, and provided more than 3,600 free cancer screenings to members of the community. Other accomplishments of CCPRO include:

- Community grants to The Empowerment Network and The Breakfast Club, Inc., community-based cancer survivor support groups, supporting community outreach and capacity building
- Program grants from the St. Louis Men's Group Against Cancer and the Episcopal Presbyterian Health Trust supporting screening and diagnostic procedures
- Training the next generation of cancer prevention professionals and scholars (MPH and MHA interns, and PH doctoral students)
- Research: multiple grants funded, papers and presentations
- Impact: Thousands of men and women educated and screened, with dozens of early cancers detected and followed up; evaluation ongoing
- Organizational evaluation in process to gauge capacity building and felt need

Finally, the CPHSJ entered into a Memorandum of Agreement with the DHSS in 2011 to create, maintain, and support a Student Outbreak Response Team (SORT). The purpose of SORT is to provide the state with surge capacity to assist in outbreak investigations. SORT members are trained by DHSS staff to verbally collect confidential case information and complete other field epidemiology training, as desired. Student leaders of SORT have organized the group of 37 students into an Incident Command structure. Activations have generally required three to five students to work over a weekend to gather the needed information for DHSS. For example, SORT was activated in the St. Louis metro area to assist with interviewing after a wedding reception where norovirus circulated. The additional interviewing identified uncommon food exposures when CDC's PulseNet identified a cluster of similar Salmonella cases in the metro area that had previously been considered unrelated.

We note examples of the breadth and depth of community service activities that are provided by the CPHSJ faculty in ERF 3.2 Service > Practice Biographies.

3.2.b. Description of the emphasis given to community and professional service activities in the promotion and tenure process.

ASSISTANT TO ASSOCIATE

The 2007 PH Faculty Manual (specific to PH faculty) denotes the following service requirements to earn tenure and to be promoted from assistant to associate professor: “The faculty member is required to show evidence that s/he has provided service to the School, the University, and the field of public health.” Faculty packets must demonstrate that about 20% of their time is devoted to service and that the service is related to their professional expertise and development.

The 2009 SSW Policies, Norms and Practices for Promotion and Tenure (specific to SSW faculty) provides the following service requirements to earn tenure and to be promoted from assistant to associate professor: “Service is an essential ingredient in a collegial atmosphere and can assume many forms. It involves active participation in and sharing of responsibilities both within and outside the university, and may include School, College, University, community, and professional committee service and activities.”

ASSOCIATE TO PROFESSOR

The 2007 PH Faculty Manual (specific to PH faculty) provides the following service requirements to be promoted from associate to full professor: “The faculty member is required to show evidence that s/he has provided service and leadership to the School, the University, and the fields of public health.” Again, 20% is the approximate amount of time expectation devoted to service by faculty.

The 2009 SSW Policies, Norms and Practices for Promotion and Tenure (specific to SSW faculty) provides the following service requirements to be promoted from associate to full professor: “To be considered for promotion to the rank of Professor or for the granting of tenure when the initial Saint Louis University appointment was at the rank of Professor, but without tenure, the faculty member must demonstrate continued development of those activities and qualities required for promotion to associate professor, and must show evidence of national and/or international reputation in teaching, scholarly work, and service, and wide recognition as an authority or leader in her/his field of endeavor.”

3.2.c. A list of the school’s current service activities, including identification of the community, organization, agency or body for which the service was provided and the nature of the activity, over the last three years. See CEPH Data Template 3.2.1. Projects presented in Criterion 3.1 should not be replicated here without distinction. Funded service activities may be reported in a separate table, see CEPH Data Template 3.2.2. Extramural funding for service or training/continuing education grants should be reported in Template 3.2.2. (funded service) or Template 3.3.1. (funded training/workforce development), respectively.

The majority of faculty in each department, with the exception of biostatistics, participate in community service (BSHE 9 faculty; BST 2; EOH 10; EPI 8; HMP 15). Community service activities include technical assistance, training, and board and committee membership, to name a few. The full list of faculty participation in community service can be found in ERF 3.2 Service > Table 3.2.1 Service Activity of Faculty.

3.2.d. Identification of the measures by which the school may evaluate the success of its service efforts, along with data regarding the school's performance against those measures for each of the last three years.

The outcome measures below are the result of strategic planning, as well as measures that the CPHSJ uses to annually evaluate the PH faculty. The first four measures were developed by the Innovation and Synergy strategic planning group and were reviewed and approved by the CPHSJ staff and faculty. For the last five measures, we reviewed the service portion of the FARs over the last three calendar years to determine activity in each of these areas. Given the make-up of the PH faculty, targets were developed by the strategic planning committee that were believed to help enhance our service work and were achievable.

TABLE 3.2.D OUTCOME MEASURES FOR SERVICE

| Outcome Measure | Target | AY12-13 | AY13-14 | AY14-15 |
|---|--|---------------|---------------|---------------|
| COLLEGE-WIDE (from strategic plan) | | | | |
| Database system to support service and research (Obj 1.1) | Created by December 2016 | NA | NA | NA |
| Financial support for new research and service activities (Obj 1.2) | Demonstrated in FY16 budget | NA | NA | NA |
| Mechanism for facilitating College-community relationships (Obj 1.3) | Created by December 2016 | NA | NA | NA |
| Number of hubs (Obj 2.1) | Three international, one domestic; demonstrated in FY17 budget | NA | NA | NA |
| | | CY2012 | CY2013 | CY2014 |
| PH ONLY | | | | |
| Percent of faculty who work with local community organizations | 75% | 60 | 73 | 63 |
| Percent of faculty who work with national community organizations | 30% | 37 | 41 | 22 |
| Percent of faculty who work with international community organizations | 20% | 19 | 18 | 9 |
| Percent of faculty who hold leadership positions in professional organizations | 20% | 35 | 16 | 17 |
| Percent of faculty who consult or provide technical assistance to community organizations | 30% | 19 | 29 | 17 |

As demonstrated in the outcomes table above, the faculty are involved in a number of local organizations, highlighting our commitment to our local community. Faculty are less involved in national and international service. The Institute for Global Health and Wellbeing was formed to increase and coordinate efforts in international communities and so we believe its growth will encourage and allow more faculty to partner with international organizations.

3.2.e. Description of student involvement in service, outside of those activities associated with the required practice experience and previously described in Criterion 2.4.

Our College Covenant was developed by students, staff and faculty in 2014 as a combination of the SPH and SSW covenants. It is a call to action, inspiring students to embrace service “with passion and pride.” Students are encouraged to participate in community service programs organized by the University and the CPHSJ student organizations, as well as in student professional activities and governance. The CPHSJ does not systematically track student community service activities or hours at this time. We continue to explore ways to garner valid data without burdening students, student leadership, or CPHSJ staff. Based on the most recent CSCE survey, more than 80% of our students who responded to the survey participated in service during the 2012-13 academic year.

A goal for each of the nine student organizations is the sponsorship and encouragement of community service. The Rotaract organization is preparing to serve as a hub for coordinating and tracking all of the students’ organizations service initiatives.

There is a significant level of individual volunteerism among students, ranging from volunteering in organized programs such as Campus Kitchen, Big Brothers/Big Sisters, and Habitat for Humanity, as well as service on boards and committees of local and regional non-profit organizations, and participation in SLU and community events, such as the Susan G. Komen Race for the Cure and Relay for Life. Students are also active in faith communities and volunteer with local, national and international programs to bring health services to communities in need. A list of organizations that students have conducted service projects with over the last three years can be found in ERF 3.2 Service > Service Activity of Students.

Examples of student service beyond the classroom include:

2010-11: Student leaders in SAPH began the strategic development of a focused service partnership. After discerning which populations students were most interested in serving and identifying and interviewing potential service partners, SAPH introduced a focused service partnership with Almost Home, an area organization that provides housing, education and support services for teenage mothers and their children.

2011: Student leaders instituted a new tradition of hosting a service event in conjunction with new student orientation. Also, student leaders instituted an annual Fun, Fun, Fundraiser trivia night, and then divide the proceeds between student-chosen local and international not-for-profit organizations.

2012: Students from CPHSJ attending APHA in San Francisco located a shelter in the Bay area and organized a service event. On Sunday evening after APHA’s opening session, the students helped serve meals to more than 200 of San Francisco’s homeless through the Next Door shelter.

2012: Students established a new student organization, Rotaract, which is a student subsidiary of Rotary International, the international service organization. Rotaract’s mission is “Service before Self.” The Rotaract chapter at SLU is open to all members of the College. Rotaract has developed a service partnership with the local organization Lift for Life. Rotaract student leaders developed a project coordinator position that:

- Coordinates project teams for specific service projects.
- Works with service chairs of other existing student organizations in the College.

- Tracks the number of service hours student organizations are providing community partners (still under development).
- Keeps an updated list of service project possibilities.
- Creates and maintain a calendar of service events in the College.

2013: The Undergraduate Public Health Club, PHC, chose to take leadership for planning and execution of National Public Health Week (NPHW). Prior to PHUSAs elections in spring 2014, a new leadership position was created and PHUSA now has a vice president for NPHW, so leadership for this event is institutionalized. (ERF Service > NPHW Overview and Flyer.)

2014: Students from CPHSJ attending APHA in New Orleans identified a community garden and organized a service event, inviting students from Tulane SPH and Tropical Medicine to participate, as well. Students worked in the garden the entire Sunday after the opening session of APHA. In collaboration with APHA and ASPPH, CPHSJ will institute this initiative as an annual opportunity for students from all accredited schools and programs who attend APHA to engage in service projects in the APHA host city.

2015: The NPHW planning committee introduced a service component to the week. Rotaract and the other student organizations are introducing a College Make a Difference Day, modeled after the University's fall event, to be held in late April.

3.2.f. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

This criterion is met with commentary.

STRENGTHS:

- The College's service activities contribute to the fulfillment of the mission of the College and of the University. Service is consistent with the SLU CPHSJ vision and values, and complements teaching and research activities.
- Faculty and staff are involved in a wide array of service activities at local, regional, national and international levels.
- Opportunities to engage in service are available to all students and are promoted by active student organizations and nurtured by the Student Services staff.

WEAKNESSES:

- The CPHSJ lacks a system to collect service activity among staff and students.

PLANS:

- The CPHSJ will develop a system for collecting service activity from staff and students. The leadership of Rotaract, working with the leadership of the Social Work Honor Society Phi Alpha, will review best practices for this type of data collection and implement a system for collecting these data by spring 2016.

3.3 Workforce Development.

The school shall engage in activities other than its offering of degree programs that support the professional development of the public health workforce.

3.3.a. Description of the ways in which the school periodically assesses the continuing education needs of the community or communities it intends to serve. The assessment may include primary or secondary data collection or data sources.

The CPHSJ endeavors to be responsive to the needs of the practicing public health community and as part of this mission, workforce assessments are vitally important. It is also important that the College considers the broad and diverse community that represents public health, not limiting us to those with terminal degrees or on-campus students. This will become more and more important as the demands on public health professionals continue to grow and the need for highly skilled professions continues to expand.

The College currently assesses the continuing education needs of the community that we serve through multiple different mechanisms, with future plans to become more coordinated in our approach. The primary needs assessments have occurred within the work of the HCPHCC and a community health speaker series. Each is described below.

HCPHCC

In 2013, the HCPHCC obtained funding from the CDC and Health Resources and Services Administration (HRSA) to work with DHSS, assessing continuing education needs of the community. This included multiple focus groups with state and local public health administrators, the Missouri Institute of Community Health and the director of the Missouri Local Health Administrators to prioritize continuing education training priorities. The results of this work are listed in ERF Workforce > 3.3 Missouri Public Health Workforce Development Priorities.

In 2014, the HCPHCC were successful in partnering with the University of Iowa, Nebraska, and Kansas for a regional Public Health Training Center (PHTC) grant from HRSA. The intent of this grant is to improve the nation's public health system by strengthening the technical, scientific, managerial, and leadership competencies of the current and future public health workforce within Health and Human Service Region 7. This will be accomplished through the provision of education, training and consultation services. SLU CPHSJ currently serves as the Missouri local performance site. During the first year of the contract, the HCPHCC will conduct a needs assessment of the public health personnel and subsequently work collaboratively with the Regional PHTC and PHTC Network to develop training programs to meet the needs of the community.

In addition to the above, the HCPHCC continue to receive funding from the CDC via the DHSS for workforce development, specifically supporting its learning management system.

Community Health Speaker Series

In 2010, the CPHSJ was funded by Pfizer to conduct a series of workshops for public health practitioners called *Sharing Responsibility, Improving Community Health*. An advisory group of community members and leaders and faculty was formed to help guide the development of the series. We conducted a needs assessment of practitioners who had participated in other speakers series and used that information, along with the advisory board input, to choose topics and speakers that would best meet the community's needs (ERF 3.3 Workforce Development >

Pfizer Needs Assessment Results 2010 and Pfizer Public Health Speaker Series Final Report). The Speaker Series was supported for another round by the SLU President's Research Fund in 2012-13. Again we convened an advisory group and this group ultimately chose the topics and speakers for this series. The evaluation report for this series can be found in ERF 3.3 Workforce Development > SRICH Evaluation Report.

To date, most of the efforts to assess the needs of the community have been ad hoc, based on grant opportunities and focused on national training objectives. This was appropriate during the last evaluation period given the relative small size of the then SPH and lack of a strategic mechanism to evaluate this important issue. Recognizing that the needs of the public health community have grown, we know there is a need for a strategic and continuous approach to address workforce assessments and needs. Therefore, the College invested in creating the OPHP and recruited an ADPHP to oversee workforce development. The OPHP is actively drafting a strategic plan that includes workforce development (among other responsibilities) and has recruited a workforce development coordinator. Part of this person's responsibilities includes developing the capability to assess the needs of the local and state public health community on an ongoing basis, and collect, analyze and provide information back to the College and community.

3.3.b. A list of the continuing education programs, other than certificate programs, offered by the school, including number of participants served, for each of the last three years. Those programs offered in a distance-learning format should be identified. Funded training/continuing education activities may be reported in a separate table. See CEPH Template 3.3.1 (Optional template for funded workforce development activities).

From FY 2012 – 2015, the CPHSJ offered approximately 472 distinct, in-person continuing education presentations and workshops for the public health workforce (ERF 3.3 Workforce Development > CEET and MOEC Continuing Education Courses). These programs served approximately 4,271 individuals. In addition to in-person training, the HCPHCC offered approximately 634 online training opportunities with approximately 7,941 participants. All told, the CPHSJ offered over 1,000 courses and served over 12,000 public health professionals with continuing education. A total of 499 certificate programs or course series were completed during the same time period (ERF 3.3 Workforce Development > HCPHCC Online Continuing Education Courses). During this period of time, the CPHSJ received over \$3M in funding to perform continuing education for the public health workforce. See Table 3.3.1 Funded Training/Continuing Education Activity below.

TABLE 3.3.1 FUNDED TRAINING/CONTINUING EDUCATION ACTIVITY FOR FISCAL YEARS 2013 - 2015 AMONG PH FACULTY

Note: Projects included in this table are not included on table 3.1.1. Research Activity of (Primary) Faculty

| Project Name | PI | Funding Source | Funding Period Start/End | Amount (\$) Total Award | Amount (\$) FY13 | Amount (\$) FY14 | Amount (\$) FY15 | Comm-Based | Student Participation |
|--|------------|------------------------|--------------------------|-------------------------|------------------|------------------|------------------|------------|-----------------------|
| Behavioral Science and Health Education | | | | | | | | | |
| Evidence Based Decision Making Course | Baker | MDHSS | 11/1/2008-9/30/2015 | 58,000 | 2,791 | 296 | 5,709 | N | N |
| Sharing Responsibility, Improving Community Health | Scharff | SLU-PRF | 9/1/2012-2/28/2014 | 46,723 | 26,206 | 14,362 | | Y | Y |
| BSHE TOTAL | | | | 104,723 | 28,997 | 14,658 | 5,709 | | |
| Environmental and Occupational Health | | | | | | | | | |
| St. Louis Job Training Program | King, CEET | USEPA | 8/26/2009-8/25/2012 | 270,000 | 10,425 | | | N | Y |
| Energy Training Partnership Grant | King, CEET | USDOL | 4/1/2011-8/31/2012 | 206,640 | 32,448 | | | N | Y |
| Environmental Workforce Development Program | King, CEET | EPA | 11/1/2013-9/1/2016 | 114,785 | | 33,999 | 45,165 | N | N |
| Lead Inspector Risk Assessor Training MDHR 2014 | King, CEET | EPA | 7/1/2014-9/30/2014 | 6,985 | | | 2,580 | N | N |
| EOH TOTAL | | | | 598,410 | 42,873 | 33,999 | 47,745 | | |
| Health Management and Policy | | | | | | | | | |
| Public Health Education and Training Standards Framework | Wright, HC | De Beaumont Foundation | 10/1/2014-9/30/2015 | 89,386 | | | 54,685 | Y | N |
| Midwest Regional Public Health Training Center | Wright, HC | HRSA | 9/14/2014-9/13/2015 | 96,614 | | | 78,849 | Y | N |
| Midwest Regional Public Health Training Center – Workforce Needs | Wright, HC | HRSA | 9/14/2014-9/13/2015 | 72,473 | | | 54,171 | Y | N |

| Project Name | PI | Funding Source | Funding Period Start/End | Amount (\$) Total Award | Amount (\$) FY13 | Amount (\$) FY14 | Amount (\$) FY15 | Comm-Based | Student Participation |
|---|------------|----------------|--------------------------|-------------------------|------------------|------------------|------------------|------------|-----------------------|
| Assessment | | | | | | | | | |
| MDHSS LMS Contract for 14-15 | Wright, HC | CDC | 8/16/2014-8/15/2015 | 10,000 | | | 39,088 | N | N |
| Childcare Nutrition Module Development 14-15 | Wright, HC | CDC | 7/15/2014-6/30/2015 | 50,000 | | | 816 | Y | N |
| MDHSS Module Maintenance Contract | Wright, HC | MDHSS | 11/1/2013-9/30/2014 | 10,000 | | 6,803 | | Y | N |
| 2013 Closed POD Preparedness Evaluation Grant | Wright, HC | CDC | 3/1/2013-6/30/2014 | 30,000 | 27,231 | 29,669 | | Y | N |
| Childcare Nutrition Module Development 12-13 | Wright, HC | CDC | 10/1/2012-9/30/2013 | 105,185 | 49,504 | 45,375 | | Y | Y |
| Closed POD Preparedness Evaluation Grant | Wright, HC | CDC | 5/7/2012-8/7/2013 | 58,998 | 27,190 | | | Y | Y |
| Heartland Public Health Education and Training Center | Wright, HC | HRSA | 9/1/2006-8/31/2013 | 1,331,144 | 8,877 | 1,863 | | Y | Y |
| MDHSS LMS Contract for 12-13 | Wright, HC | CDC | 8/16/2012-8/15/2013 | 10,000 | 706 | | | N | N |
| NLN 12-13 National Public Health Leadership Development Network | Wright, HC | CDC | 6/1/2012-7/31/2013 | 153,764 | 126,970 | 23,745 | | Y | Y |
| Summer Food Service Program Project | Wright, HC | CDC | 11/1/2012-4/30/2013 | 44,640 | 4,959 | 23,266 | | Y | Y |
| NEHA CDC Task Order 37 | Wright, HC | CDC | 6/10/2013-09/24/2013 | 45,000 | | 44,583 | | Y | Y |
| MDHSS LMS Contract for 11-12 | Wright, HC | CDC | 8/16/2011-8/15/2012 | 10,000 | 4,444 | | | N | N |
| MDHSS LMS Contract for 13-14 | Wright, HC | CDC | 8/16/2013-8/15/2014 | 10,000 | | 9,863 | 0 | N | N |

| Project Name | PI | Funding Source | Funding Period Start/End | Amount (\$) Total Award | Amount (\$) FY13 | Amount (\$) FY14 | Amount (\$) FY15 | Comm-Based | Student Participation |
|---|------------|----------------|--------------------------|-------------------------|------------------|------------------|------------------|------------|-----------------------|
| MRFASC: Midwest Regional Fetal Alcohol Spectrum Disorders Training Center | Wright, HC | CDC | 5/16/2013-9/29/2013 | 59,894 | | 56,851 | 0 | N | N |
| EPHLI, Cohort 7 | Wright, HC | CDC | 2/28/2011-9/30/2012 | 255,983 | 196 | | | Y | Y |
| Violence Prevention Module Development | Wright, HC | CDC | 11/1/2011-10/31/2012 | 316,184 | 121,718 | | | Y | Y |
| HMP TOTAL | | | | 2,759,265 | 371,795 | 242,018 | 227,609 | | |
| PUBLIC HEALTH FUNDED TRAINING/CONTINUING EDUCATION TOTAL | | | | 3,462,398 | 443,665 | 290,675 | 281,063 | | |

3.3.c. Description of certificate programs or other non-degree offerings of the school, including enrollment data for each of the last three years

The CPHSJ offers two postgraduate certificate programs: 1) Post-Baccalaureate Certificate in BSDP and 2) Post-Master's Certificate in ABA.

The Post-Baccalaureate Certificate in BSDP requires the completion of 15 credits. Credits earned in this certificate may be later applied towards the MSBSDP degree. The Post-Master's Certificate in ABA requires the completion of 21 credits. See Table 3.3.c below. Although enrollment in these programs is typically low, we believe they potentially serve as a pipeline to the master's programs.

TABLE 3.3.C POSTGRADUATE CERTIFICATE PROGRAMS

| | Number of Credits | Enrollment | | |
|--|-------------------|------------|----------|----------|
| | | AY12-13 | AY13-14 | AY14-15 |
| POST-BACCALAUREATE CERTIFICATE IN BSDP | | 1 | 5 | 2 |
| BSDP5100 Public Health and Disasters | 3 | | | |
| BSDP5203 Disaster Planning | 3 | | | |
| BSDP5206 Disaster Management & Risk Analysis | 3 | | | |
| BSDP5103 Communicable Diseases & Infection Control | 3 | | | |
| BSDP5101 Fundamentals of Disaster Planning | 3 | | | |
| Total Certificate Hours | 15 | | | |
| POST-MASTER'S CERTIFICATE IN ABA | | 2 | 1 | 2 |
| ABA5746 Principles and Concepts in Behavior Analysis | 3 | | | |
| ABA5774 Measurement and Experimental Design | 3 | | | |
| ABA5747 Assessment and Selecting Interventions | 3 | | | |
| ABA5748 Behavior Change and Processes | 3 | | | |
| ABA5749 Behavior Change and Ethics | 3 | | | |
| ABA5931 Special Topics I in ABA | 3 | | | |
| ABA5932 Special Topics II in ABA | 3 | | | |
| Total Certificate Hours | 21 | | | |

3.3.d. Description of the school's practices, policies, procedures and evaluation that support continuing education and workforce development strategies.

PRACTICES

The CPHSJ engages in continuing education mostly through the interests of individual faculty members, the organizational mandates of its centers (HCPHCC and CEET), and specific contracts and grants that make it financially viable. Most of the practices of public health continuing education are delivered either in a workshop-based format, or electronically. While there may be individual efforts on continuing education, the main efforts by the College are listed below.

Evidence-Based Public Health. This course was designed by current and former faculty of the CPHSJ, with several current CPHSJ faculty serving in the delivery of the course. The purpose of this course is to help busy public health practitioners make greater use of scientific evidence in day-to-day decision making. The course runs on a three, four, or five-day schedule, and involves seven interrelated modules that teach specific decision-making skills. The course has been offered for public health professionals across the US and internationally. A textbook based largely on the course was published by the Oxford University Press in 2011 (Brownson RC, Baker EA, Leet TL, Gillespie KN, and W. True. *Evidence-Based Public Health*. New York: Oxford University Press; 2011). This course has garnered accolades for its work in educating public health and is acknowledged nationally as highly beneficial to public health practitioners. Among its accomplishments, it was described as an acclaimed training program by the National Association of Chronic Disease Directors and featured as an innovative training program developed and delivered by CDC's Prevention Research Centers. Several articles have described the development of the course, its international dissemination, and evaluation of its impact. See ERF 3.3. Workforce Development Evidenced Based Public Health References that provide results of the evaluations and EBPH Evaluation Tools.

Center for Environmental Education and Training (CEET) and the Midwest OSHA Education Center (MOEC). The CEET provides training and education services to professionals in environmental health and safety, as well as to general workers and the community at large. The demand for training is driven by the opportunity for professional development and the necessity of regulatory compliance.

The training is offered as regularly scheduled courses, as well as through customized contracts delivered for business and industry. The students are primarily working professionals who need specific training in order to acquire and maintain the licenses or certifications required for their business practices. Courses are largely taught by contract instructors with backgrounds in business, industry, health care, regulatory agencies, military, research and academics. CEET collaborates with many industries and community-based organizations throughout the region to promote environmental and occupational health through special training events, conferences and other promotions. In 2003, OSHA designated the Midwest OSHA Education Centers, known as MOEC, to conduct OSHA Training Institute Courses through a non-financial cooperative agreement with the US Department of Labor (USDOL).

MOEC is a partnership between the CPHSJ, Nebraska Safety Council in Omaha, Nebraska, and Barton County Community College in Grandview Plaza, Kansas. The non-financial cooperative agreement with USDOL was renewed in 2012 for another ten-year period. This partnership of programs provides a broad network of training resources that enables MOEC to offer premium quality training and educational services. The MOEC centers offer courses at each campus, and at satellite locations throughout Region VII. (<http://ceet.slu.edu>). Programs delivered and

student numbers are provided in ERF 3.3 Workforce Development > CEET and MOEC Continuing Education Courses.

Heartland Centers for Public Health and Community Capacity Development. This center focuses on providing a comprehensive approach to workforce development through needs assessment and curriculum development. Throughout the years as federal funding has decreased for public health preparedness and leadership development, the HCPHCC has shifted its workforce priorities to focus on public health education and training.

Specifically, the HCPHCC have worked with DHSS to develop and implement competency-based education and training programs and products to meet public health workforce needs (ERF 3.3 Workforce Development > HCPHCC Online Continuing Education Courses). The Missouri public health workforce is primarily comprised of employees of local, state, and regional public health departments. Employees are provided improved and sustained access to programs and exercises (onsite and technology mediated formats) through the HCPHCC LMS, which houses and tracks online education and training programs. While the funding as a public health training center ended in 2014, the HCPHCC has been successful in securing funding as a partner with several Midwest SPHs. To view the LMS, [click here](#).

POLICIES. Although the CPHSJ has few policies pertaining specifically to continuing education, workforce development is highly valued by the College. Faculty of the College individually provide significant service through continuing education activities, and the College's philosophy is to encourage such service. The SSW, however, has a long history of providing continuing education credits primarily for social workers. Policies and procedures have been established for providing continuing education through the SSW (ERF 3.3 Workforce Development > SSW Continuing Education Policies and Procedures). The College will rely on the SSW expertise to develop continuing education policies as part of the OPHP.

PROCEDURES. The College does not, for the most part, regulate continuing education. This gives the faculty a great deal of latitude in how programs are organized and conducted. The CPHSJ does not have any overarching procedures or regulations pertaining to continuing education (ERF 3.3 Workforce Development > SSW Continuing Education Policies and Procedures).

EVALUATION. Continuing education programs are evaluated as any other program that the CPHSJ would implement and largely created by the faculty and staff involved. We track and evaluate all of the programs we provide as listed in ERF 3.3 Workforce Development > CEET and MOEC and HCPHCC Online Continuing Education Courses. CEET conducts evaluations of the quality of the programs, while HCPHCC conducts quality evaluations as well as pre and post-tests of knowledge gained. See HCPHCC, CEET and EBPH evaluation instruments in ERF 3.3 Workforce Development > Evaluation Tools. Summaries of CEET and HCPHCC evaluations and references to published papers from the EBPH evaluations are provided in ERF 3.3 Workforce Development > Evaluation Results. In general, the CEET, HCPHCC and EBPH courses are rated favorably in terms of quality. The HCPHCC and EBPH post-test results indicate that participants increase knowledge related to course attendance.

As noted above, to date, most of the practices, policies, procedures and evaluations of continuing education have been done individually by the interested faculty and on an ad hoc basis. This was an effective way to get programs up and running given the small number of faculty in previous years at the College.

With the expansion of the College and the increasing numbers of continuing education efforts, it has become apparent that there needs to be a more coordinated and effective way of assessing

need, developing products, delivering continuing education, and ensuring that the College is approaching this from a strategic focus. This is why the College created the OPHP and hired an ADPHP. The purpose of the OPHP is to coordinate activities surrounding public health continuing education and workforce development. The College has hired a workforce development coordinator as well as an external relations specialist whose roles include developing strategies to assess, develop, assist in delivering, and evaluate the impact of our continuing education programs.

Part of the immediate efforts includes a portfolio review and inventory of current efforts at the College and developing policies and procedures so that the College can deliver continuing education in a consistent manner. In addition, we will develop assessment principles so that the College can be assured that the product we are delivering to the public health community is high quality and meets their needs. For example, we will look for opportunities to expand our expertise in non-traditional formats and audiences by developing more relationships with public health partners locally, nationally and internationally. See Table 3.2.D Outcome Measures for Service in section 3.2.d. Given their history of continuing education, we believe the SSW will be a vital resource as we develop this office and programs.

3.3.e. A list of other educational institutions or public health practice organizations, if any, with which the school collaborates to offer continuing education.

CEET collaborates with many organizations throughout the region to promote environmental and occupational health. These collaborations include grants, regularly scheduled training, conferences and other promotions.

- MOECs non-financial cooperative agreement with the USDOL is administered through OSHA's Directorate of Training and Education. Collaborations with labor include training partnerships with the Carpenters District Council of Greater St. Louis & Vicinity and their apprentice training program, as well as the Laborer's International/ AGC Training Facility at High Hill, MO. Metropolitan Community College in Kansas City, Missouri is another regional partner who frequently works with the CPHSJ at regional occupational safety and health events. St. Louis Community College has been a partner for environmental workforce development training programs sponsored through the US EPA since 2000.
- The CPHSJ was the first training provider accredited for lead training through the DHSS and has collaborated with the agency many times. Accreditations are also maintained with the Illinois Department of Public Health and the US EPA. CEET collaborates with these agencies, as well as regional county health departments, to promote lead safe work practices for contractors and homeowners.
- Each year CEET hosts the Greater St. Louis Safety and Health Conference in collaboration with the St. Louis Safety Council and the St. Louis Regional OSHA office, an event that attracts over 500 people. Other professional development opportunities are co-hosted with the local chapters of the American Industrial Hygiene Association, the American Society of Safety Engineers, and the Association of Hazardous Material Professionals.

The evidence-based public health course has been offered by the St. Louis Prevention Research Center (a joint center with Washington University), but unfortunately was not refunded. The course will continue to be offered with faculty from Washington University and SLU.

The HCPHCC regularly collaborate with the Missouri DHSS. In addition, the HCPHCC are now a contractor for the College of Public Health at the University of Iowa, charged with conducting a needs assessment for the region.

Finally, as was demonstrated in section 3.2 on service, the College has numerous partners and will continue to build and strengthen partnerships through the OPHP.

3.3.f. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

This criterion is met with commentary.

STRENGTHS:

- The CPHSJ offers a variety of workforce development courses on a number of topics.
- The CPHSJ has delivered a significant amount of continuing education for public health professionals over the past three years.
- The CPHSJ has included workforce development and external relations as a strategic objective for the next five years.

WEAKNESSES:

- The CPHSJ does not consistently assess the public health workforce on a routine basis outside of deliverables for a grant program.
- The CPHSJ currently does not have a set of policies and procedures that guide the development, inventory, delivery or assessment and implementation of workforce continuing education.

PLANS:

- The CPHSJ has embarked on a process that will organize efforts on workforce development assessment, including the development of content, delivery mechanisms and quality assessment. This will be completed through the newly created OPHP. The office is in the process of creating a strategic plan to address the issues surrounding workforce development and continuing education. The OPHP will be fully staffed at the beginning of the fall 2015 semester and the plan will be completed by the end of the 2015-16 academic year.

4.0 Faculty, Staff and Students

4.1 Faculty Qualifications.

The school shall have a clearly defined faculty which, by virtue of its distribution, multidisciplinary nature, educational preparation, practice experience and research and instructional competence, is able to fully support the school's mission, goals and objectives.

4.1.a. A table showing primary faculty who support the degree programs offered by the school. It should present data effective at the beginning of the academic year in which the self-study is submitted to CEPH and should be updated at the beginning of the site visit. See CEPH Data Template 4.1.1.

Table 4.1.1 in ERF 4.1 lists the College's primary PH and SSW faculty. The CPHSJ has 78 primary faculty: 52 in the PH departments and 26 in the SSW. Faculty are listed by department or school in which they hold their appointment. Faculty represent a broad sampling of public health, providing our students with a vast array of experiences that faculty bring to their teaching, research, and service.

4.1.b. If the school uses other faculty (adjunct, part-time, secondary appointments, etc.), summary data on their qualifications should be provided in table format. See CEPH Data Template 4.1.2.

Table 4.1.2 in ERF 4.1 Faculty Qualifications (Secondary PH Faculty) lists the secondary PH faculty for the 2014-15 academic year. The CPHSJ has 109 PH adjunct and secondary faculty who support the public health departments. Faculty are listed by department in which they hold their appointment and those who teach are presented separately. Many of our adjuncts are also practitioners, which we have found to be an asset to student learning in many cases.

4.1.c. Description of the manner in which the faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if used by the school. Faculty with significant practice experience outside of that which is typically associated with an academic career should also be identified.

The faculty complement integrates perspectives from the field of practice in a number of ways.

1. Many of our faculty have direct experience in the fields of public health and social work. For example, Drs. Patrick, Xaverius and Stamatakis worked in state health departments. Drs. Trevathan (former dean) and Garza worked at the U.S. Department of Health and Human Services. Dr. Flick (emeritus) has experience as a public health nurse in a county health department. Many (60%) have worked in community-based organizations or healthcare organizations. About two-thirds (62%) have practice degrees (MPH, MHA, MBA, RN, MD, or DrPH; all SW faculty are MSWs). We list practice biographies of some of our faculty in ERF 3.3 Service > Practice Biographies. Faculty bring their practice experiences into the classroom to help illustrate points and exemplify content.
2. Approximately 51 adjunct faculty support the public health programs by teaching courses and 58 others provide guest lectures, help with SL, serve as preceptors for practice experiences and internships, and work with faculty on their research.
3. Several faculty are engaged in community-based research. They discuss their experiences with students in the classroom and provide students opportunities to work with them on many of these projects.

4. Adjunct faculty who are practitioners or researchers provide lectures throughout the year. See ERF 4.1 Faculty Qualifications > CPHSJ Events 2012-15. All students, faculty and staff are invited to these events.

4.1.d. Identification of measurable objectives by which the school assesses the qualifications of its faculty complement, along with data regarding the performance of the school against those measures for each of the last three years.

The outcome measures below are those we believe to be characteristics of a qualified public health faculty complement. We recognize that student course evaluation (requested at the end of each course) provides only limited information about a faculty's qualification. Therefore, we added rank, research productivity, and public health and practice background to our outcome measures for faculty qualification.

TABLE 4.1.D OUTCOME MEASURES FOR FACULTY QUALIFICATIONS

| Outcome Measure | Target | AY12-13 | AY13-14 | AY14-15 | AY15-16 |
|---|---|------------|-------------|-------------|---------|
| IDEAS SCORES (fall and spring only) | | # (%) < 45 | # (%) < 45 | # (%) < 45 | |
| Course evaluation scores for PH courses (Obj 1.1) | 0 courses with scores less than 45 on IDEA ⁽¹⁾ | 22 (11%) | 39 (16%) | 37 (18%) | |
| IAS SCORES (fall and spring only) | | NA | # (%) < 3.5 | # (%) < 3.5 | |
| Course evaluation scores for SSW courses (Obj 1.1) | 0 courses with scores less than 3.5 on IAS ⁽²⁾ | NA | 13 (10%) | 11 (8%) | |
| Percent of faculty who received any external funding | 90% | 43% | 36% | 29% | |
| Percent of full professors (PH faculty only) | 33% | 19% (8) | 20% (10) | 25% (14) | 26%(13) |
| Percent of associate professors (PH faculty only) | 33% | 37% (16) | 38% (19) | 34% (18) | 33%(17) |
| Percent of assistant professors (PH faculty only) | 34% | 44% (19) | 42% (21) | 39% (22) | 41%(21) |
| Percent of faculty who are tenured (PH faculty only) | 50% | 33% (14) | 35% (18) | 34% (19) | 43%(22) |
| Percent of faculty with public health background (worked in public health; PH faculty only) | 75% | -- | -- | 60% (35) | |
| Percent of faculty with MPH, MHA, or DrPH (PH faculty only) | 70% | -- | -- | 62% (20) | |

FOOTNOTES TO TABLE 4.1.D

(1) MPH, MHA, MSBSDP, PhD PHS, BSPH, BSEM, BSHM, BSBST use the IDEA course evaluation system.

(2) MSW, MSABA, MSCPP, PhD SW, BSSW, BACCJ use the IAS course evaluation system.

Table 4.1.D lists indicators we use to measure faculty qualification. As is noted, the percentage of IDEA course evaluation scores that fall below 45 on the IDEA tool increased substantially between AY12-13 and AY13-14 and just slightly between AY13-14 and AY14-15. The greatest number of faculty who received scores less than 45 were adjuncts. A small number of courses (three to four) taught by junior faculty scored less than 45. As a result, many of the adjunct faculty are not asked to return to teach, especially if their scores fall below 45 for two semesters. An adjunct faculty orientation for all adjuncts in the College is being developed during the AY15-16. It will include information on how to access the CTTL. Several programs (MPH, BSDP, MSW, and EMHA) currently work closely with faculty to help them enhance their teaching. We recognize that teaching scores should not be the sole measure of teaching effectiveness, however, we have made teaching effectiveness one of our strategic areas and are taking action to help increase faculty scores. For example, the Teaching Effectiveness workshops provide information to all faculty on ways to enhance their teaching. Chairs also refer regular faculty with low IDEA scores to the CTTL. And, although not reflected in these data, we have a number of “master” teachers who perform quite well in the classroom and are serving as teaching mentors in the new mentoring program that will be implemented in the fall.

In addition to teaching, we believe that most faculty should bring in some external research support. However, as Table 4.1.D indicates, external resource funding decreased over the three years of data we present. As outlined in Section 3.1, we are taking measures to increase the success rate for winning external awards. Our mentor program that will be instituted in fall 2015 should help increase the proportion of new and junior faculty who become successful scholars, both in teaching and research. Table 4.1.D also illustrates that we are moving toward equitable proportions of full, associate and assistant professors, as well as increasing the proportion of tenured faculty. Finally, we assess the proportion of faculty with practice backgrounds and who have practice degrees. We have not yet made our goals in these areas but have a solid start. We will review these data again in AY16-17 and continue to track every two to three years.

4.1.e. Assessment of the extent to which this criterion is met and an analysis of the school’s strengths, weaknesses and plans relating to this criterion.

This criterion is met with commentary.

STRENGTHS:

- The CPHSJ faculty complement demonstrates a solid multidisciplinary practice and research background that is incorporated into their classroom and research activities.
- Many faculty incorporate their practice and include other practice professionals into their teaching.
- The CPHSJ works with a number of adjuncts who have strong practice backgrounds.

WEAKNESSES:

- The percent of teaching scores below the minimum is increasing.

PLANS:

- The CPHSJ is beginning a mentoring program in fall 2015. In addition, we will continue to offer the Teaching Effectiveness workshops. Chairs are working with faculty to encourage them to use the CTTL to improve teaching. (FYI, the CTTL strongly recommends that chairs and other administrators not require faculty to use the CTTL. In their experience, these

situations are not positive and may even hurt faculty teaching if they feel they are working with the CTTL under a forced situation.)

- The CPHSJ is currently interviewing for two biostatistics faculty positions to be filled for the 2016-17 academic year.
- The CPHSJ is recruiting for a permanent chair of the department of environmental and occupational health.
- The CPHSJ is recruiting for a director of the Institute for Global Health and Wellbeing.

4.2 Faculty Policies and Procedures.

The school shall have well-defined policies and procedures to recruit, appoint and promote qualified faculty, to evaluate competence and performance of faculty, and to support the professional development and advancement of faculty.

4.2.a. A faculty handbook or other written document that outlines faculty rules and regulations.

Since the school's inception, procedures related to faculty hiring, appointment and promotion have been well-defined and represent both the interests of the faculty and the needs of the University and College. The faculty manuals at the University and College are framed according to principles of shared governance and provide clear direction on all matters related to faculty activities. Policies are modified only by majority vote of a quorum of faculty senators (University) or of full-time faculty (College). All policies, including those for tenure and promotion, are fully transparent and foster a culture of collegiality and open dialogue.

The primary reference for rules and regulations is the faculty manual of Saint Louis University. This manual was adopted in 2006 and amended in 2008. It is 52 pages in length and includes sections describing:

- The history, philosophy and mission of the University
- The University's organization
- Faculty positions and related policies (e.g., responsibilities, advancement, contract rules)

As noted in its introduction, "The faculty manual is a foundational document setting out, in many respects, the role of the faculty in University governance. It also specifies the rights, powers, privileges and responsibilities of faculty. Insofar as it does, it is incorporated by reference in all contracts of employment between faculty and the University. All substantive modifications to University policies and benefits referenced in this Manual may occur only after prior consultation with the Faculty Senate." See [SLU's Faculty Manual](#).

Policies specific to the College are currently in two documents – the Faculty Manual of the School of Public Health and the Bylaws of the School of Social Work. As a new unit, we are in the process of developing shared reference documents. During 2014-15, we created a set of by-laws (and an addendum) that govern the CPHSJ (ERF 4.2 Faculty Policies and Procedures > CPHSJ Faculty Assembly Bylaws and Addendum.)

Faculty in the SSW are guided by the SSW Policies, Norms and Practices for Promotion and Tenure, approved in 2009 (ERF 4.2). Faculty in the five PH departments are guided by the PH Faculty Manual, adopted in 2006, that covers similar content. Even after the creation of a shared manual, many policies will continue to exist that are relevant to only SSW or only to the five PH departments.

POLICIES FOR FACULTY RECRUITMENT

The PH department chair (or her/his designee) chairs the search process for new faculty positions. A search committee typically consists of four to six members, includes membership from the primary department, and others appointed by the dean. The search committee is involved in the development of a position announcement, publication and distribution of the announcement through appropriate publications and letters to school deans or program directors, review of all candidate applications, selection of a list of primary candidates, preparation and implementation of on-site visits by candidates, collection of feedback from

faculty and students participating in the interviews, and recommendation of a candidate to the department chair and the dean.

The faculty recruitment and review committee of the SSW assumes major responsibility for the hiring of faculty in the SSW. Membership of the committee includes three faculty members serving three-year staggered terms elected by the regular faculty through nomination/self-nomination by an at-large election administered by the director and a student representative from the program in which the vacancy exists. The committee elects its chair. It assesses the faculty needs of the SSW, develops procedures for the screening and evaluation of faculty candidates, reviews applications and selects candidates for on-campus interviews, organizes the on-campus interviews, collects feedback from faculty and students participating in the interviews, and reports ranking of the candidates to the SSW director.

The committees review all submitted materials and confers with the dean (and SSW director) about potential candidates. Upon support from the dean for a particular candidate, the director or department chairs (or dean) contacts the candidate and negotiates salary and any start-up benefits. This information is included in the dean's offer letter, which is sent to the candidate. Upon signature of the dean and candidate, the letter is sent to the office of the provost who issues the final contract.

4.2.b. Description of provisions for faculty development, including identification of support for faculty categories other than regular full-time appointments.

ALL FACULTY

The ADAA and ADR continually monitor faculty needs for development. This year's faculty survey of research needs indicated that barriers to increased faculty research included lack of mentoring, inability to find colleagues with shared interests, and time constraints to name a few. As indicated in Section 3.1, in partial response to this survey, the research office has put into place new practices that will address many of these issues. *Teaching* needs observed by the ADAA suggest that faculty would benefit from additional support in linking competencies to learning objectives and course content and in leveraging the benefits of online and Jesuit pedagogy. To this end, we developed the Teaching Effectiveness Series and partnered with the CCTL to provide two to three yearly seminars for faculty. (See Table 4.2.B below.)

TABLE 4.2.B REINERT CENTER FOR TRANSFORMATIVE TEACHING AND LEARNING PRESENTATIONS

| Date | Title of Presentation | Name and Credentials of Presenter |
|----------------|---|--|
| November 2011 | Engaging Students in the Classroom | Debra Lohe, PhD |
| May 2012 | Problem Based Learning | Gina Merys, PhD |
| September 2012 | Creating Effective Learning Assessments | Gina Merys, PhD |
| September 2013 | Teaching Styles and Strategies. | Gina Merys, PhD |
| November 2013 | Teaching Today's Students | Gina Merys, PhD |
| February 2014 | Active Learning | Debra Lohe, PhD |
| September 2014 | Effective Practices in Online Teaching and Learning | Sandy Gambil, M.Ed |
| October 2014 | Jesuit Pedagogy | Gina Merys, PhD |
| November 2014 | Teaching Online Courses in Alternative Formats | Sandy Gambil, M.Ed |
| February 2015 | Competencies to curriculum (rescheduled) | Gina Merys, PhD |
| April 2015 | Jesuit Pedagogy | Gina Merys, PhD |

In addition to these sessions, CPHSJ faculty participated in a number of other CTTL workshops. Since 2011, one or more CPHSJ faculty have participated in 55 events the CTTL offered throughout the University. The office of faculty affairs at SLU offers a mentoring program that all new faculty are encouraged to participate in. Through this program, faculty are paired with a colleague in their school (or the University) who assists with course development, content delivery, and other aspects of teaching that are of interest or concern. Although informal mentoring of new and junior faculty has occurred over the last several years, the CPHSJ did not have a formal mechanism to provide mentoring that is standard and consistent across all faculty. To this end, the ADAA and ADR have developed a CPHSJ mentorship program for junior and new faculty that addresses teaching and research and will be rolled out in fall 2015.

The ADAA and ADR bring in faculty and staff from other units in the University, such as the IRB and OIED, to provide information about their services and how to use them effectively.

The CRISP series, developed by the College's research office, invites faculty from SLU and other institutions to provide short (20-30 minutes) descriptions of their work and then a question and networking period so that faculty may identify new partners for research collaborations. In addition, the College's research office has created an infrastructure and corresponding policies that support research productivity. Faculty research receives financial and administrative supports from the University, the ADR's office and the College finance office. See section 3.1 for more details.

During their first two years, all tenure track faculty have reduced teaching and administrative expectations so that they can launch their programs of research and hone their teaching skills. At the end of their third year, faculty submit a mid-tenure review packet and receive a formal evaluation of their progress toward tenure. This allows them to make any adjustments necessary to be successful in the tenure process.

Incentives are provided to faculty for exceptional performance, including the Terry Leet Teaching Award and the annual CPHSJ research recognition awards. Assessing faculty needs is also part of the strategic plan and is reflected in the work of the standing pedagogy/teaching committee.

ADJUNCT FACULTY

As the college adds undergraduate education as well as new MPH concentrations, we are relying to a greater extent on adjuncts to help us teach our courses. To date, we have provided informal training on the use of our teaching tools (e.g., Blackboard) as well as sharing syllabi and other support. We recognize the need to develop a more formal training and continuing education program to support our adjuncts. Although all are invited to all College events, including staff meetings, retreats and training, the reality is that most are busy professionals and cannot take time from their days to come to SLU for an hour-long training. Our plan is to develop a training program that will support adjuncts and work within their schedules.

Each semester the SSW offers teaching workshops for adjunct faculty and all other faculty are invited to attend. Most recently they offered a session on Ignatian Pedagogy (Fall 2013) and a SLU Updates session (Fall 2014). Sample invitations are found in ERF 4.2 Faculty Policies and Procedures > Teaching Workshops.

FACULTY TEACHING ONLINE COURSES

The MSBSDP (offered entirely online through the Institute for Biosecurity) provides a half-day orientation to all of their new adjunct faculty. The program includes information about 1) how to develop course curriculum, 2) policies and procedures of the Institute and SLU, 3) timelines for submitting materials to the digital technology team for uploading into Blackboard, and 4) orientation to Blackboard. In addition, the director of the program provides supporting written material and referral information for CTTL and other SLU resources. The director and staff offer ongoing or periodic mentoring for any new or existing adjuncts who are interested in working more closely with a full-time faculty member. Throughout the year, the director and staff communicate with the adjuncts regarding changes to the program or policies and procedures. Adjunct faculty are also invited to the Institute's annual retreat, which is an all-day event to discuss strategic planning, curricular changes, etc.

Faculty, including adjuncts who teach in the EMHA's blended distance format are provided training by the College's digital technology team (at faculty orientation as well as requested one-on-one sessions) and the University's CTTL. The CTTL offers workshops for teaching online and in accelerated formats like the EMHA that all faculty can attend. New faculty are encouraged to seek input from the CTTL for their course and syllabus design. The EMHA program provides continuing education through sharing best practices at monthly EMHA faculty meetings that include the digital technology team. Recent faculty meeting topics included: best practices for discussion board, new online teaching trends, best practices for grading (both in using Blackboard and by using rubrics for assessment), and how to incorporate FUZE meetings to help connect better with students. The EMHA program purchased and distributed copies of [Pacansky-Brock's Best Practices for Teaching with Emerging Technologies \(Rutledge, 2013\)](#) to faculty to provide an additional resource for teaching online, in a blended distance format, and with technology.

Faculty teaching in the newly developed collaborative partially online version of the MSW (with Lourdes University) attended an Online Teaching and Learning Institute from Friday, August 15, 2014 to Saturday, August 16, 2014 in preparation for rolling out this program. The facilitators from the CTTL were Sandy Gambill, M.Ed. and Gina Merys, PhD. The Institute assisted SLU MSW faculty with organizing materials for the courses they have been assigned to develop for the MSW online program. Examples of course materials included syllabi, books, articles, and activities. Participants shared ideas and materials on how to implement courses online. Participants also used laptops or tablets for dedicated work time throughout the Institute while instructors and peers guided the group on using Blackboard and other online platforms.

4.2.c. Description of formal procedures for evaluating faculty competence and performance.

All full-time faculty members, regardless of their tenure status or faculty designation, are evaluated annually by the Chair of the department in which the faculty member holds his or her primary appointment. There are three components of this evaluation process:

1. All faculty members complete a FAR. The specific information provided in this report varies by unit (PH or SSW), but in all cases, this report documents all professional activities related to the appointment in the categories of teaching, research, service and administration. See both instruments in ERF 4.2. Faculty Policies and Procedures > PH Faculty Activity Report and SSW Faculty Activity Report. This report is completed in January for the prior calendar year and submitted to the department chair or director and the dean of the College.

2. The chair then meets with the faculty member for a performance planning meeting using the newly developed PH Performance Planning Summary (ERF 4.2 Faculty Policies and Procedures). In this meeting, the chair and the faculty member discuss the goals of the faculty member, including goals related to tenure and promotion, the work of the faculty member over the past year to meet these goals, needs for development in general and specific to the faculty and departmental goals, and progress toward advancement. Importantly, they also develop a set of expectations for the coming year based on faculty goals and rank, and departmental needs. Goals are explicitly consistent with the tenure and promotion criteria of the College and ensure that the faculty member has a clear path toward advancement. These discussions inform the contract letter that is mailed to each faculty member at the end of the spring semester.
3. The FAR is also used to determine how the raise pool is allocated among PH faculty, in addition to its use in performance planning. In previous years, PH faculty have been ranked according to their productivity, using a uniform scale comprised of first author equivalents and impact score for publications, teaching scores and hours of service provided. In spring 2014, faculty voted to pilot a modification of this process by categorizing faculty by their level of performance and to compare the results to those from the former method. In the new system, merit raises will be allocated according to the categories of “does not meet expectations,” “meets expectations,” or “exceeds expectations,” where the expectations are those that the faculty member and chair have agreed upon during the previous performance planning meeting. The new system was modeled off of that which has been used successfully by the SSW for a number of years. Unfortunately, the ADAF resigned during this period and we were unable to conduct the pilot study because certain data were not collected as planned.

The processes for establishing workload and evaluating performance reinforce the mission of the College and assures that tenure-line faculty have appropriate effort to teaching, research and service in order for them to be tenured. A portion of faculty’s time is allocated to conducting service activities in the community, and unfunded research is supported as well. Workload planning allows for all faculty to strive for a genuine balance of teaching, research, and service in a way that fosters their personal and professional growth and supports the needs of the department and College.

4.2.d. Description of the processes used for student course evaluation and evaluation of instructional effectiveness.

Instructor effectiveness is evaluated by several methods. Primarily, the PH courses use the IDEA Student Ratings of Instruction System and the SSW courses use the IAS to assess students’ feedback on courses. See both instruments in ERF 4.1 Faculty Qualification > Course Evaluation. The IDEA system allows faculty to identify the specific objectives of their course and students’ ratings are based on how well the course met the objectives, as well as the quality of the course and instructor. The ratings are compared to other similar courses. The IAS assesses the quality of the course and instructor as well as students’ perceptions of the relevance of the course. Each system also allows for students to add qualitative information about the courses. Department chairs and program directors review the scores with faculty and make recommendations, as appropriate, to enhance teaching effectiveness and scores.

Further, working with the CTTL, faculty are encouraged to conduct mid-course evaluations and have been provided instruments to use in these evaluations. The mid-course evaluations are used as a process evaluation to make changes in the course as indicated from the reviews.

The CTTL also offers faculty the opportunity for their staff to observe teaching and to conduct group assessment of teaching with students. The CTTL recommends that their services not be mandatory; however, Chairs and the Director frequently and strongly encourage faculty who are struggling in the classroom to do so.

4.2.e. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

This criterion is met with commentary.

STRENGTHS:

- The faculty manual, bylaws, and procedures for PH and SSW clearly delineate the processes and procedures that are used in all relevant matters, and are reviewed and revised by faculty as necessary.
- The CPHSJ offers regular continuing education workshops specific to teaching.

WEAKNESSES:

- The CPHSJ has not had a well-established mentoring program for new and junior faculty.
- Although some programs provide training, the CPHSJ does not have a systematic approach for orienting and providing regular training for adjunct faculty.

PLANS:

- The CPHSJ developed a formal mentoring program for new and junior faculty that will be in place for the 2015-16 academic year.
- The CPHSJ will develop a program designed to train and support adjunct faculty to be in place for the 2016-17 academic year.

4.3 Student Recruitment and Admissions.

The school shall have student recruitment and admissions policies and procedures designed to locate and select qualified individuals capable of taking advantage of the school's various learning activities, which will enable each of them to develop competence for a career in public health.

4.3.a. Description of the school's recruitment policies and procedures. If these differ by degree (e.g., bachelor's vs. graduate degrees), a description should be provided for each.

MPH, MHA, PHD PHS, MSPH, MSBSDP DEGREES*Recruitment Policies*

The CPHSJ has well-established policies for graduate recruitment and admissions. The director of graduate admissions, along with the ADAA, are responsible for developing recruitment policies. It is the CPHSJ's policy to recruit in two phases with appropriate resources provided for each phase.

Recruitment Procedures

The CPHSJ recruits and admits qualified individuals who have the educational prerequisites, interest, and motivation to pursue degrees and careers in public health and health administration. Recruitment activities involve a two-phase process, with some overlap between the phases. Phase One activities create awareness of, and interest in, the degree programs as a way to encourage applications by using print and social media and by participating in a variety of graduate fairs and events. Phase Two builds relationships between applicants and the CPHSJ faculty, staff, and current students through phone and email communications and College visit days. A detailed description of the phases can be found in ERF 4.3 Student Recruitment and Admissions > Recruitment Procedures.

BSPH, BSHM, BSEM, BSBST DEGREES*Recruitment Policies*

The CPHSJ undergraduate programs in public health, health management, emergency management, and biostatistics strive to have a collaborative relationship with Saint Louis University's admissions staff. One undergraduate program coordinator is responsible for collaborating with SLU admissions staff on recruitment and marketing activities for these programs. All undergraduate marketing and recruitment materials must follow guidelines specified by SLU's marketing manager.

Recruitment Procedures

Admissions events – such as admissions fairs, promotional materials, and contacting prospective applicants – play an important role in the recruitment of undergraduates to the BSPH, BSHM, BSEM, and BSBST degrees.

Approximately 20 SLU recruitment events are offered to prospective students throughout the spring semester (January through May). For each of these, the undergraduate program coordinator works collaboratively with SLU admissions staff and counselors to coordinate, facilitate, provide support for, and assist with the dissemination of materials to students, families, and high school counselors. During the fall semester (August through December) the University offers five notable recruitment events, including counselor lunches, Select Saturday (for highly qualified students), preview day, admitted student lunch, and transfer open houses.

Each of these events provides an opportunity for recruitment into one of the CPHSJ majors. For details about University-sponsored recruitment events, [click here](#).

The undergraduate program coordinator and graduate assistants utilize the SLU Admissions Enrollment Rx database, which contains valuable individual-level data on prospective students. The data are used to contact prospective students and share information about the majors and CPHSJ, as well as answer any questions. The BSPH and BSHM have been deemed high priority degrees by the University and have benefited from additional resources provided by the undergraduate recruitment and admissions office.

4.3.b. Statement of admissions policies and procedures. If these differ by degree (e.g., bachelor's vs. graduate degrees), a description should be provided for each.

GRADUATE PROGRAMS

Admission Policies

The CPHSJ graduate programs strive for a highly collaborative relationship between the CPHSJ admissions staff and faculty. At least one faculty member from each major program is responsible for:

- Working with the admissions staff to coordinate the review of all applications, including faculty interviews when required.
- Making expert admissions recommendations and decisions on behalf of their respective departments in a timely manner.
- Making financial aid recommendations.
- Participating in open houses.
- Making follow up contact with applicants until the point of matriculation.

Admissions Procedures for the MPH, MSPH, MHA, and MSBSP

Admission to a graduate program in the CPHSJ is a multi-stage process designed to identify and select qualified individuals, and to recruit and matriculate such applicants in a timely manner.

Applications are received weekly through Schools of Public Health Centralized Application Service (SOPHAS) and Healthcare Administration, Management & Policy Common Application System (HAMPCAS) and SLU's CollegeNet system. An application is complete when it includes:

- Transcripts for all undergraduate (a baccalaureate degree must be completed before enrollment) and graduate courses
- Three letters of recommendation
- A goal statement
- A resume or CV
- One of the following graduate exams: GRE, Graduate Management Admissions Test (GMAT), Law School Admissions Test (LSAT), the Medical College Admissions Test (MCAT) or the Dental School Admissions test. Entrance tests are not required for the EMHA and MSBSP programs in lieu of sufficient work experience. Entrance tests are waived for physicians licensed to practice medicine in the US (or medical students who have, at a minimum, been admitted to or are enrolled in a US residency program), as well as for persons who possess a PhD, a DDS or a DO from a US institution.

- International applicants are required to submit minimum Test of English as a Foreign Language (TOEFL) scores of 80 or IELTS scores of 6.5. The TOEFL (or IELTS) may be waived for students who earned a degree at an English-speaking university.

Admissions decisions are made from a holistic perspective and take into consideration all of the required components of the application. All decisions, however, begin with consideration of an Admissions Formula Score (AFS). The AFS is computed using the applicant's GPA and multiplying the GPA by 100 (e.g., a GPA of 3.0 = 300), then adding the quantitative and percentile scores from the GRE or GMAT (e.g., $3.0 \times 100 + 50V + 50Q = 400$). In cases where MCAT and LSAT are submitted, the composite percentile is multiplied by two in the formula. Programs have a target AFS score of 425-450 or higher for admission. Depending on the program, applications may be automatically rejected if the AFS is below 350. In some programs, applications are automatically accepted if the AFS is over 450. All applications are reviewed by one or more faculty. Following each program's review process (ERF 4.3 Student Recruitment and Admissions > Admissions Processes by Programs and Departments), all application recommendations are submitted to the ADAA for final approvals. The vice president for graduate education, as the University representative, makes the final determination of admissions and sends a letter with instructions on how to accept or reject an offer of admission. Throughout the process, the CPHSJ is in contact with applicants indicating their application is complete, timing of review process, congratulations for admission, and a possible offer of a graduate assistantship or a scholarship.

Admissions Procedures for the PhD PHS Program

Unlike the masters' programs, which admit students on a rolling basis throughout the entire admission cycle, the doctoral program faculty reviews all applications beginning immediately after the application deadline in January.

Generally, applicants must attain a threshold admission score of 450 to be considered for admission. Regardless of the admission score, admission is contingent on the availability of an appropriate faculty mentor. Program faculty in each of the doctoral concentrations make recommendations to the two PhD PHS program co-directors, including funding recommendations. The co-directors then make final recommendations to the ADAA on behalf of the doctoral program. The vice president for graduate education, as the University representative, makes the final determination of admissions and sends a letter with instructions on how to accept or reject an offer of admission. Total enrollment in the doctoral program is kept intentionally low and preference is given to full-time study.

Admissions Procedures for Accelerated Programs

Students seeking to pursue the BS/MPH and BS/MHA accelerated program options in the CPHSJ go through a highly selective review and approval process.

To be eligible to apply, students must:

- Be in their fifth semester of collegiate study with at least one semester with an established GPA at SLU.
- Have a cumulative SLU GPA of 3.4 or higher.
- Demonstrate the ability to complete the accelerated curriculum with no more than 15 credits during any semester in years 4 and 5 of the program.
- Attend a mandatory meeting with the graduate admissions director and undergraduate program coordinator.

- Be in good standing with Saint Louis University and the CPHSJ and demonstrate the potential for public health/health care leadership.

In addition, the MPH-BST requires calculus and introductory statistics, which are not required for the BSPH. If students are interested in the biostatistics concentration, they are advised to use two of their electives, as appropriate, for these courses.

Applicants submit transcripts, a goal statement, three letters of recommendation from undergraduate professors (at least one from the CPHSJ), and a resume to the admissions office by a specified deadline.

After being approved for progression by the undergraduate program director, accelerated applicants complete interviews with a faculty member in their prospective graduate programs early in the spring semester of their junior year. After departmental/program approval is obtained, final approval for progression into the fourth year (i.e., their senior year in the accelerated program) must be authorized by the ADAA and the director of undergraduate public health programs.

After completing the fourth year, students receive their baccalaureate degree and may be approved for progression to graduate student status (i.e., for year five). The approval process requires a minimum GPA of 3.00 in their graduate courses during senior year, adherence to the curriculum plans, and authorizations from the department/program and the ADAA.

UNDERGRADUATE PROGRAMS

Admissions Policies

Students who declare a major in BSPH, BSHM, BSEM, or BSBST at the time they enroll at SLU are assigned to the CPHSJ by SLU admissions, and there are no additional admission policies to the major. SLU students who have declared a major in another program (usually at the end of their sophomore year), are undecided, and those who wish to transfer to the BS in PH, HM, EM, and BST majors must have a minimum 2.5 GPA. Freshmen can transfer before a GPA is earned; however, falling below this GPA places them at risk of probation and dismissal. There are no course prerequisites for the major.

Admissions Procedures

Students can enter the majors in PH, HM, EM, or BST in two ways:

1. *At the time they enroll at SLU.* Students who declare at the time they enroll at SLU are assigned to CPHSJ by the admissions/registrar's office.
2. *By transferring into the major once they are a SLU student.* The majority of students transfer into one of these majors after they are at SLU. Prospective students considering transfer usually meet with the CPHSJ undergraduate program coordinator to discuss their interests and get an overview of the degree(s) in which they are interested.

Transfer students complete an intra-university transfer form, which lists the current major(s) and advisor(s) and the degree program they want to declare. Their GPA is confirmed (minimum 2.5), and the program director reviews their application.

Accepted students are then assigned to one of two staff academic advisors in the College and a faculty mentor and sent an introductory email with this information, contact information for the CPHSJ, and web links to the undergraduate handbook for PH, HM, EM, and BST, and the CPHSJ.

4.3.c. Examples of recruitment materials and other publications and advertising that describe, at a minimum, academic calendars, grading and the other academic offerings of the school. If a school does not have a printed bulletin/catalog, it must provide a printed web page that indicates the degree requirements as the official representation of the school. In addition, references to website addresses may be included.

See materials in ERF 4.3 Student Recruitment and Admissions.

4.3.d. Quantitative information on the number of applicants, acceptances and enrollment, by specialty area, for each degree, for each of the last three years. See CEPH Data Template 4.3.1.

In Table 4.3.1, we list application information for each of our public health degrees by degree and concentration. Applications to and enrollees in many of the MPH programs have decreased over the last three years. We believe this to be a function of the increased number of accredited schools and programs of public health. As a result, we are focusing greater emphasis on Phase 2 recruitment efforts.

TABLE 4.3.1 ADMISSIONS PROCESS DATA BY PUBLIC HEALTH DEGREE AND AREA OF SPECIALIZATION ⁽¹⁾

| Public Health Degree & Specialization | | 2012 Cohort | 2013 Cohort | 2014 Cohort | 2015 Cohort |
|---------------------------------------|----------|-------------|----------------------|-------------|-------------|
| BACHELOR'S DEGREES | | | | | |
| BSPH | Applied | 72 | 91 | 82 | |
| | Accepted | 46 | 66 | 61 | |
| | Enrolled | 24 | 28 | 19 | |
| MASTER'S DEGREES | | | | | |
| MPH-BSHE | Applied | 63 | 65 | 50 | |
| | Accepted | 49 | 41 | 38 | |
| | Enrolled | 10 | 14 | 10 | |
| MPH-BSHE/EPI | Applied | 26 | 24 | 27 | |
| | Accepted | 21 | 20 | 23 | |
| | Enrolled | 6 | 6 | 13 | |
| MPH-BSDP | Applied | 11 | 7 | 4 | |
| | Accepted | 8 | 6 | 2 | |
| | Enrolled | 3 | 2 | 1 | |
| MPH-BSDP/EPI | Applied | 0 | 19 | 17 | |
| | Accepted | 0 | 16 | 14 | |
| | Enrolled | 0 | 8 | 9 | |
| MPH-BST | Applied | 29 | 29 | 18 | |
| | Accepted | 19 | 20 | 11 | |
| | Enrolled | 3 | 5 | 2 | |
| MPH-BST/EPI | Applied | 10 | 15 | 8 | |
| | Accepted | 9 | 12 | 8 | |
| | Enrolled | 4 | 4 | 2 | |
| MPH-EMCL | Applied | 9 | Program Discontinued | | |
| | Accepted | 7 | | | |
| | Enrolled | 4 | | | |
| MPH-EOH | Applied | 26 | 16 | 6 | |
| | Accepted | 19 | 10 | 2 | |
| | Enrolled | 2 | 2 | 2 | |

DATA TO BE PROVIDED AT SITE VISIT

| Public Health Degree & Specialization | | 2012 Cohort | 2013 Cohort | 2014 Cohort | 2015 Cohort |
|---------------------------------------|----------|-------------|-------------|-------------|-------------|
| MPH-EOH/BDSP | Applied | 8 | 5 | 5 | |
| | Accepted | 5 | 4 | 4 | |
| | Enrolled | 3 | 2 | 2 | |
| MPH-EOH/EPI | Applied | 8 | 6 | 5 | |
| | Accepted | 7 | 6 | 5 | |
| | Enrolled | 3 | 2 | 3 | |
| MPH-EPI | Applied | 115 | 131 | 74 | |
| | Accepted | 83 | 89 | 50 | |
| | Enrolled | 24 | 23 | 14 | |
| MPH-GLOH | Applied | | | 61 | |
| | Accepted | | | 46 | |
| | Enrolled | | | 11 | |
| MPH-GLOH/EOH | Applied | | | | |
| | Accepted | | | | |
| | Enrolled | | | | |
| MPH-GLOH/EPI | Applied | | | | |
| | Accepted | | | | |
| | Enrolled | | | | |
| MPH-GLOH/MCH | Applied | | | | |
| | Accepted | | | | |
| | Enrolled | | | | |
| MPH-HMP | Applied | 50 | 47 | 27 | |
| | Accepted | 37 | 18 | 14 | |
| | Enrolled | 10 | 5 | 4 | |
| MPH-HMP/EPI | Applied | 1 | 12 | 8 | |
| | Accepted | 1 | 7 | 6 | |
| | Enrolled | 1 | 2 | 4 | |
| MPH-MCH | Applied | | 11 | 22 | |
| | Accepted | | 9 | 15 | |
| | Enrolled | | 2 | 3 | |
| MPH-MCH/EPI | Applied | | 7 | 16 | |
| | Accepted | | 5 | 14 | |
| | Enrolled | | 1 | 5 | |
| MPH-PRFP | Applied | 2 | 4 | 5 | |
| | Accepted | 1 | 2 | 3 | |
| | Enrolled | 1 | 0 | 2 | |
| MSPH-BSHE | Applied | 1 | 1 | 2 | |
| | Accepted | 0 | 0 | 0 | |
| | Enrolled | 0 | 0 | 0 | |
| MSPH-EPI | Applied | 3 | 4 | 1 | |
| | Accepted | 0 | 0 | 1 | |
| | Enrolled | 0 | 0 | 1 | |
| DOCTORAL DEGREES | | | | | |
| PHD PHS BSHE | Applied | 19 | 19 | 14 | |
| | Accepted | 2 | 1 | 0 | |
| | Enrolled | 2 | 1 | 0 | |

DATA TO BE PROVIDED AT SITE VISIT

| Public Health Degree & Specialization | | 2012 Cohort | 2013 Cohort | 2014 Cohort | 2015 Cohort |
|---------------------------------------|----------|-------------|-------------|-------------|-------------|
| PHD PHS BSDP | Applied | 8 | 7 | 10 | |
| | Accepted | 0 | 0 | 3 | |
| | Enrolled | 0 | 0 | 2 | |
| PHD PHS BST | Applied | 25 | 19 | 13 | |
| | Accepted | 1 | 3 | 1 | |
| | Enrolled | 0 | 2 | 1 | |
| PHD PHS EOH | Applied | 6 | 10 | 9 | |
| | Accepted | 0 | 2 | 0 | |
| | Enrolled | 0 | 2 | 0 | |
| PHD PHS EPI | Applied | 32 | 32 | 22 | |
| | Accepted | 4 | 4 | 4 | |
| | Enrolled | 3 | 3 | 1 | |
| PHD PHS HMP | Applied | 17 | 22 | 17 | |
| | Accepted | 1 | 2 | 2 | |
| | Enrolled | 1 | 2 | 0 | |
| PHD PHS HSR | Applied | 14 | 24 | 8 | |
| | Accepted | 5 | 3 | 4 | |
| | Enrolled | 3 | 2 | 3 | |
| JOINT (DUAL) DEGREES | | | | | |
| JD / MPH-HMP | Applied | 6 | 6 | 7 | |
| | Accepted | 6 | 3 | 4 | |
| | Enrolled | 5 | 2 | 3 | |
| MD / MPH-PRFP | Applied | 1 | 2 | 1 | |
| | Accepted | 1 | 2 | 1 | |
| | Enrolled | 0 | 1 | 0 | |
| MSN / MPH-PRFP ⁽²⁾ | | | | | |
| | | | | | |
| | | | | | |
| MSND / MPH-PRFP | Applied | 12 | 8 | 2 | |
| | Accepted | 8 | 7 | 2 | |
| | Enrolled | 1 | 3 | 2 | |
| MSW / MPH-PRFP | Applied | 4 | 1 | 1 | |
| | Accepted | 4 | 1 | 1 | |
| | Enrolled | 1 | 0 | 0 | |
| PhD Clin Psych / MSPH | Applied | 1 | 1 | 0 | |
| | Accepted | 0 | 1 | 0 | |
| | Enrolled | 0 | 0 | 0 | |

DATA TO BE PROVIDED AT SITE VISIT

FOOTNOTES TO TABLE 4.3.1

(1) As indicated in tables 2.7.1 Degree Completion, a cohort includes those who are admitted in the spring, summer and fall terms of a calendar year. Applied, Accepted and Enrolled data, therefore, reflect the calendar year admissions cycle. The fall semester is the recommended term that students should begin the public health degree program. CPHSJ Admissions Office data was used for the graduate program numbers. OIR data was used for the undergraduate numbers because the University manages all undergraduate admissions.

(2) The dual MSN/MPH program has been suspended since 2009.

4.3.e. Quantitative information on the number of students enrolled in each specialty area identified in the instructional matrix, including headcounts of full- and part-time students and a full-time-equivalent conversion, by concentration, for each degree, for each of the last three years. Non-degree students, such as those enrolled in continuing education or certificate programs, should not be included. Explain any important trends or patterns, including a persistent absence of students in any degree or specialization. See CEPH Data Template 4.3.2.

In Table 4.3.2.A, we list summary enrollment data for each of our degree programs in the CPHSJ. Total enrollment in most undergraduate programs continues to increase, in particular in the BSPH and BSHM programs. Total enrollment continues to increase in most graduate degree programs with the exception of the MSPH and the MSBSDP. The MSPH in Epidemiology was started to meet the needs of busy physicians who wanted to advance their research skills. When the degree first started in the early 2000s, we had a fair amount of interest in pursuing the degree. We maintain the degree primarily because the SLU department of community and family medicine has required the degree for two of their fellowships. The MSBSDP program is holding a retreat this fall devoted to developing strategies to increase student enrollment. It is supposed, however, that with a changing emphasis on biosecurity in the federal government, the appeal of this program may be diminishing.

TABLE 4.3.2.A SUMMARY OF TOTAL ENROLLMENT DATA⁽¹⁾

| Degrees | AY12-13 | | AY13-14 | | AY14-15 | | AY15-16 | |
|---------------------------|---------|--------|---------|--------|---------|--------|---------|-----|
| | HC | FTE | HC | FTE | HC | FTE | HC | FTE |
| BACHELOR'S DEGREES | | | | | | | | |
| BAC CJ | | | 66 | 64.00 | 72 | 70.00 | | |
| BSBST | | | | | | | | |
| BSEM | 4 | 3.33 | 22 | 21.33 | 23 | 23.00 | | |
| BSHM | 82 | 81.33 | 123 | 121.00 | 146 | 144.00 | | |
| BSPH | 121 | 119.67 | 158 | 158.00 | 161 | 161.00 | | |
| BSSW | | | 147 | 126.33 | 108 | 100.00 | | |
| MASTER'S DEGREES | | | | | | | | |
| MHA | 74 | 70.67 | 79 | 78.33 | 89 | 88.33 | | |
| MHA (Executive) | 17 | 11.67 | 34 | 22.67 | 44 | 31.33 | | |
| MPH | 170 | 162.00 | 179 | 171.67 | 185 | 176.00 | | |
| MSABA | | | 14 | 11.33 | 18 | 13.33 | | |
| MSBSDP | 31 | 11.00 | 39 | 18.33 | 30 | 12.67 | | |
| MSCPP | | | | | 7 | 7.00 | | |
| MSPH | 6 | 2.67 | 4 | 1.33 | 1 | 0.33 | | |
| MSW | | | 203 | 152.33 | 198 | 150.67 | | |
| DOCTORAL DEGREES | | | | | | | | |
| PHD PHS | 40 | 23.33 | 39 | 29.67 | 37 | 31.00 | | |
| PHD SW | | | | | 5 | 5.00 | | |

DATA TO BE PROVIDED AT SITE VISIT

FOOTNOTES TO TABLE 4.3.2.A

(1) HC and FTE are based on fall semester student enrollment per data from the University Banner system. 9 or more credits in a semester is considered full-time for graduate students; 12 or more credits in a semester is considered full-time for undergraduate students. Students with fewer credits are counted as 1/3 of a full-time student (.33 FTE) per University policy.

TABLE 4.3.2 TOTAL ENROLLMENT DATA⁽¹⁾

| Degree & Specialization | AY12-13 | | AY13-14 | | AY14-15 | | AY15-16 | |
|--------------------------------------|---------|--------|---------|--------|---------|--------|---------|-----|
| | HC | FTE | HC | FTE | HC | FTE | HC | FTE |
| Bachelor's Degrees | | | | | | | | |
| BACCJ | | | 66 | 64.00 | 72 | 70.00 | | |
| BSBST | | | | | | | | |
| BSEM | 4 | 3.33 | 22 | 21.33 | 23 | 23.00 | | |
| BSHM | 82 | 81.33 | 123 | 121.00 | 146 | 144.00 | | |
| BSPH | 121 | 119.67 | 158 | 158.00 | 161 | 161.00 | | |
| BSSW | | | 147 | 126.33 | 108 | 100.00 | | |
| Master's Degrees | | | | | | | | |
| MPH-BSHE | 21 | 19.67 | 26 | 23.33 | 23 | 22.33 | | |
| MPH-BSHE/EPI | 12 | 9.33 | 14 | 14.00 | 17 | 16.33 | | |
| MPH-BSDP | 4 | 3.33 | 4 | 4.00 | 1 | 1.33 | | |
| MPH-BSDP/EPI | 2 | 2.00 | 11 | 10.33 | 20 | 18.00 | | |
| MPH-BST | 5 | 5.00 | 7 | 6.33 | 8 | 8.00 | | |
| MPH-BST/EPI | 9 | 8.33 | 12 | 10.67 | 11 | 11.00 | | |
| MPH-EMCL | 6 | 4.67 | 5 | 4.33 | 1 | 0.33 | | |
| MPH-EOH | 9 | 9.00 | 4 | 4.00 | 5 | 5.00 | | |
| MPH-EOH/BSDP | 9 | 8.33 | 7 | 6.33 | 5 | 5.00 | | |
| MPH-EOH/EPI | 6 | 6.00 | 7 | 7.00 | 3 | 3.00 | | |
| MPH-EPI | 39 | 39.00 | 43 | 42.33 | 35 | 33.00 | | |
| MPH-GLOH | | | | | 11 | 11.00 | | |
| MPH-GLOH/EOH | | | | | | | | |
| MPH-GLOH/EPI | | | | | | | | |
| MPH-GLOH/MCH | | | | | | | | |
| MPH-HMP | 15 | 14.33 | 13 | 13.00 | 10 | 10.00 | | |
| MPH-HMP/EPI | 1 | 1 | 4 | 4.00 | 5 | 5.00 | | |
| MPH-MCH | | | 2 | 2.00 | 5 | 4.33 | | |
| MPH-MCH/EPI | | | 1 | 1.00 | 7 | 6.33 | | |
| MPH-PRFP | 4 | 4 | 0 | 0 | 4 | 3.33 | | |
| MSBSDP-Inf Prev | | | 6 | 2.67 | 13 | 5.67 | | |
| MSBSDP-Med & PH Intel | | | 3 | 1.67 | 7 | 3.67 | | |
| MSBSDP-Mgmt & Resp ⁽²⁾ | 31 | 11.00 | 30 | 14.00 | 10 | 3.33 | | |
| MSPH-BSHE | 1 | 0.33 | 0 | 0 | 0 | 0 | | |
| MSPH-EPI | 4 | 2.00 | 3 | 1 | 1 | 0.33 | | |
| MHA | 55 | 51.67 | 55 | 54.33 | 65 | 64.33 | | |
| MHA-Hlth Care Finance ⁽³⁾ | | | | | 0 | 0 | | |
| MHA-Hlth Care Ops ⁽³⁾ | | | | | 0 | 0 | | |
| MHA (Executive) ⁽⁴⁾ | 17 | 11.67 | 34 | 22.67 | 44 | 31.33 | | |
| MSABA | | | 14 | 11.33 | 18 | 13.33 | | |
| MSCPP-Admin of Justice | | | | | 1 | 1.00 | | |
| MSCPP-Emer Mgmt | | | | | 3 | 3.00 | | |
| MSCPP-Treat & Rehab | | | | | 3 | 3.00 | | |
| MSW-ABA | | | 13 | 11.00 | 4 | 3.33 | | |
| MSW-Clinical | | | 0 | 0 | 63 | 50.33 | | |
| MSW-Comm & Org | | | 21 | 15.00 | 18 | 12.00 | | |
| MSW-Family | | | 72 | 52.67 | 47 | 35.67 | | |
| MSW-Hlth & Mental Hlth | | | 97 | 73.67 | 58 | 43.33 | | |

DATA TO BE PROVIDED AT SITE VISIT

| Degree & Specialization | AY12-13 | | AY13-14 | | AY14-15 | | AY15-16 | |
|-----------------------------|---------|-------|---------|-------|---------|-------|---------|-----|
| | HC | FTE | HC | FTE | HC | FTE | HC | FTE |
| Doctoral Degrees | | | | | | | | |
| PHD PHS BSHE | 10 | 7.33 | 9 | 7.67 | 6 | 4.00 | | |
| PHD PHS BSDP | 6 | 4.67 | 4 | 2.00 | 4 | 3.33 | | |
| PHD PHS BST | 4 | 1.33 | 4 | 3.33 | 4 | 4.00 | | |
| PHD PHS EOH | 2 | 0.67 | 2 | 0.67 | 1 | 1.00 | | |
| PHD PHS EPI | 7 | 4.33 | 9 | 6.33 | 8 | 7.33 | | |
| PHD PHS HMP | 4 | 2.00 | 5 | 4.33 | 5 | 3.67 | | |
| PHD PHS HSR | 7 | 3.00 | 6 | 5.33 | 9 | 7.67 | | |
| PHD SW | | | 0 | 0 | 5 | 5.00 | | |
| Joint (Dual) Degrees | | | | | | | | |
| JD / MHA | 15 | 15.00 | 15 | 15.00 | 14 | 14.00 | | |
| JD / MPH-HMP | 17 | 17.00 | 11 | 11.00 | 9 | 9.00 | | |
| JD / MSW | | | 0 | 0 | 3 | 3.00 | | |
| MAPS / MSW | | | 0 | 0 | 1 | 1.00 | | |
| MATH / MSW | | | 0 | 0 | 0 | 0 | | |
| MBA / MHA | 4 | 4.00 | 9 | 9.00 | 10 | 10.00 | | |
| MD / MPH | 0 | 0 | 2 | 2.00 | 0 | 0 | | |
| MDeac / MSW | | | 0 | 0 | 3 | 1.67 | | |
| MDiv / MSW | | | 0 | 0 | 0 | 0 | | |
| MPA / MSW | | | 0 | 0 | 1 | 0.33 | | |
| MSN / MPH ⁽⁵⁾ | | | | | | | | |
| MSND / MPH | 8 | 8.00 | 5 | 5.00 | 4 | 2.67 | | |
| MSW / MPH | 3 | 3.00 | 1 | 1.00 | 1 | 1.00 | | |
| PhD Clin Psych / MSPH | 1 | .33 | 1 | .33 | 0 | 0 | | |

DATA TO BE PROVIDED AT SITE VISIT

FOOTNOTES TO TABLE 4.3.2

(1) HC and FTE are based on fall semester student enrollment per data from the University Banner system. Nine or more credits in a semester is considered full-time for graduate students; 12 or more credits in a semester is considered full-time for undergraduate students. Students with fewer credits are counted as 1/3 of a full-time student (.33 FTE) per University policy.

(2) Concentrations in the MSBSDP were first offered in fall 2013. Previously, the specializations were defined as tracks; students did not apply to the tracks and they would not appear on the student's diploma. The Management & Response concentration evolved from the "general" track, which is why, for AY12-13, all MSBSDP students are included in that row.

(3) Concentrations in the resident MHA program were first offered AY14-15. Students do not apply to the concentrations, however; they are declared once the student begins the program. Pursuing a concentration is optional.

(4) The resident and Executive MHA are not listed separately on table 2.1.1; for the purposes of this table, it seemed helpful to separate them.

(5) The dual MSN/MPH program has been suspended since 2009.

Accelerated MPH students appear in the fourth year as undergraduates and in the fifth year as graduate students in Table 4.3.2 above. Table 4.3.E below demonstrates enrollment data for the accelerated MPH students. Over 50% of the students complete the MPH. All of the students who did not enroll in the MPH program made the decision for personal reasons.

TABLE 4.3.E ADMISSION PROCESS DATA FOR ACCELERATED BSPH/MPH STUDENTS

| | | COHORT | | | |
|--------|---------------------------------|---------|---------|---------|---------|
| | | AY12-13 | AY13-14 | AY14-15 | AY15-16 |
| YEAR 1 | Applied to Accelerated Program | 14 | 9 | 9 | 11 |
| | Accepted to Accelerated Program | 13 | 9 | 9 | 11 |
| | Enrolled in Accelerated Program | 11 | 9 | 8 | 10 |
| YEAR 2 | Admitted to MPH | 11 | 9 | 8 | |
| | Enrolled in MPH Program | 8 | 6 | 5 | |
| | Graduated with MPH | 8 | 6 | * | |

*MPH graduation for this cohort will be May 2016.

4.3.f. Identification of measurable objectives by which the school may evaluate its success in enrolling a qualified student body, along with data regarding the performance of the school against those measures for each of the last three years.

We use the AFS as one measure of the quality of the students we enroll. As indicated in Table 4.3.F below, the scores decreased in most MPH degree programs between the 2013-14 and 2014-15 academic years. We believe this may be a result of increased competition with larger schools that have higher scholarship opportunities drawing a greater proportion of highly qualified students applying through SOPHAS. However, average scores for the MPH in BST, BSDP, HMP and MCH increased this year. As we increase focus on Phase 2 recruitment activities, we believe this, combined with our improved ranking, will continue to attract stronger students next year and beyond. We are also planning strategies that will involve faculty to a greater degree in the recruitment process. The average AFS score for the PhD PHS program decreased this year, but remains a strong average.

TABLE 4.3.F OUTCOME MEASURES FOR ENROLLING A QUALIFIED STUDENT BODY

| Outcome Measure | Target | AY12-13 | AY13-14 | AY14-15 | AY15-16 ⁽¹⁾ |
|--|--------|--------------------|--------------------|--------------------|------------------------|
| <i>AVERAGE AFS SCORES OF MPH AND PHD PHS ENROLLED APPLICANTS</i> | | | | | |
| BSHE | 450 | 418 | 449 | 418 | 416 |
| BST | 425 | 408 | 464 | 398 | 412 |
| BSDP | 400 | 450 | 408 | n/a ⁽²⁾ | 478 |
| EOH | 425 | 398 | 366 ⁽³⁾ | 482 | 396 |
| EPI | 425 | 443 | 438 | 428 | 424 |
| GLOH | 450 | n/a ⁽²⁾ | n/a ⁽²⁾ | 477 | 408 |
| HMP | 450 | 423 | 469 | 413 | 449 |
| MCH | 425 | n/a ⁽²⁾ | 428 | 384 | 424 |
| PhD PHS | 450 | 499 | 470 | 514 | 473 |

FOOTNOTES TO TABLE 4.3.F

(1) Updated AY15-16 data will be provided at the site visit.

(2) There were no students who matriculated that year. The MCH and GLOH MPH concentrations started in 2013 and 2014, respectively.

(3) Reflects only one student.

4.3.g. Description of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

STRENGTHS:

- The CPHSJ has clearly defined policies and procedures for recruitment and admission of students.
- Currently, staff contacts all applicants once they are in SOPHAS or on SLU's CollegeNet and faculty and students call all newly admitted students.
- The CPHSJ has recruitment publications as well as materials that provide academic calendars, grading and the other academic offerings of the school.
- The total enrollment in most of our programs has increased over the past three years. The addition of the MPH in the MCH and GLOH concentrations has contributed to the increase.

WEAKNESSES:

- The number of applications to many of the MPH programs has decreased in the past two years. We believe this is because of the increased number of accredited SPHs and MPH programs and thus greater competition.
- The average admissions formula scores in the MPH programs decreased in the last two years in some concentrations. We believe this is because of increased competition and perhaps our previous rankings.

PLANS:

- We will continue to develop new and creative ways to get admitted students to matriculate. For example, we would like to engage alumni more in the recruitment process.
- We will develop a plan over the summer 2015 months to increase the mean admission formula scores of the students who matriculate in the 2016-17 academic year.

4.4 Advising and Career Counseling.

There shall be available a clearly explained and accessible academic advising system for students, as well as readily available career and placement advice.

4.4.a. Description of the school's advising services for students in all degree programs, including sample materials such as student handbooks. Include an explanation of how faculty are selected for and oriented to their advising responsibilities.

UNDERGRADUATE ADVISING

The CPHSJ has two full-time academic advisors dedicated to advising undergraduates in all six of the College's majors. One of these is a senior academic advisor, who attends regular University-wide advisor meetings as a means of staying informed about University academic advising policies and procedures. When students declare an undergraduate major in public health, health management, emergency management, biostatistics, social work and/or criminology & criminal justice, they are assigned to one of these two CPHSJ advisors and remain with that advisor for the duration of their CPHSJ studies. Students are required to meet with their academic advisor at least once per semester (prior to the registration period for the following semester's courses); in these meetings, they regularly review their curriculum plan and progression to degree. The advisors serve as a liaison between students and faculty as needed and regularly work with the University dean of students office when extenuating situations arise that (potentially) affect academic issues.

In addition to their academic advisor, students are assigned a faculty mentor at the time they declare a CPHSJ major. Faculty mentors are identified by department chairs and attend an annual mentor training session led by the senior academic advisor. An [undergraduate faculty mentoring website](#) serves as a resource.

Similar to advisor meetings, students are required to meet with their faculty mentor once a semester. While advisors focus on curriculum planning and ensuring that students meet graduation requirements, mentor meetings are a venue for discussing professional development and preparation for life after graduation. Both advisor and mentor meetings must be documented in the University online systems in order for the advisors and mentors to clear the students' holds, which allows them to register for courses.

The undergraduate student handbook for public health, health management, emergency management, and biostatistics is updated yearly and can be found [online here](#). The undergraduate student handbooks for social work and criminology and criminal justice can be found in ERF 1.5 Governance > Student Handbooks.

GRADUATE STUDENT ADVISING

Graduate students pursuing the MPH and the MSPH have two advisors. One of these is the PH graduate student staff advisor, who meets regularly (bi-weekly) with the University registrar as a means of staying informed about University academic advising policies and procedures. Students are also assigned a CPHSJ faculty mentor in their concentration area and remain with that advisor for the duration of their CPHSJ studies, unless they change their concentration. One faculty member is assigned to mentor all students in the department or, in some cases, in the program (MCH and GLOH). Students in the PhD PHS program have an identified faculty mentor as part of the admissions process. For the most part, PhD PHS students remain with their faculty mentor throughout the program to dissertation and graduation, unless interests change, faculty leave, etc. Staff and faculty assignments are entered in the University system so each has

electronic access to their lists of advisees/mentees. This electronic connection also provides an avenue of communication. Should a student encounter challenges in a course, the professor can submit an electronic “early warning” which sends notice to both the student and advisor.

Graduate students are required to meet with their faculty mentor at least once per academic year. During these meetings students review their curriculum plan and progression to degree and discuss professional development and preparation for professional life post-graduation. The mentors serve as a liaison between students and instructors as needed when academic issues arise. Faculty mentors are identified by department chairs and program directors. Advisor meetings must be documented in the University online systems.

The graduate student handbooks are updated yearly and can be found in ERF 1.5 Governance > Student Handbooks.

Curriculum plans for all degree programs in the College can be found in ERF 4.4 Advising and Career Counseling > Curriculum Plans.

4.4.b. Description of the school’s career counseling services for students in all degree programs. Including an explanation of efforts to tailor services to specific needs in the school’s student population.

UNIVERSITY CAREER SERVICES

[Career services at SLU](#) serves the undergraduate and graduate students enrolled in the University, totaling over 13,000 students. Career services has six career development specialists who work continuously with undergraduate and graduate students, and alumni to:

- Help them choose or change a major or career.
- Provide career assessments and interpretations.
- Assist with writing effective resumes, cover letters, and other job search documents.
- Develop job and internship search strategies.
- Educate and assist students in practicing interview skills.
- Answer questions related to graduate school.
- Negotiate an employment offer.
- Connect students with employers.

Career services hosts a number of events each year, including the Career and Graduate School Fair and Healthcare Networking Picnic, and Networking Made Simple. Career services has an online job and internship database called [Handshake](#), where employers post job positions for easy access to SLU students and alumni. The career services website holds a plethora of online resources including information about resume and cover letter writing, job searching, interviewing, networking, and salary negotiation. Career development specialists meet with students face to face or by phone or Skype if they are unable to come to the office during regular business hours. For more information about career services at SLU, [click here](#).

The career development specialist who serves the PH students is a Licensed Professional Counselor. In addition to regularly communicating about career services to CPHSJ faculty, staff, and alumni, she works with the College in the following ways:

Connects the CPHSJ to Career Services

- Meets with faculty to learn about the field of public health field and brainstorm ideas for collaboration and students’ career support. Upon request, she meets with faculty or students to discuss their specific needs.
- Holds satellite walk-in hours in the Salus Center throughout the academic year. In the first year of working with the CPHSJ, the specialist met with 84 students. In AY14-15, the specialist met with a total of 123 students.
- Attends new graduate student orientation at the CPHSJ to introduce career services to the students.

Educates

- Develops presentations to educate students about career services.
- Conducts presentations on resumes and cover letters, telephone interviewing, professional communication, interviewing, and other requested topics in both undergraduate and graduate classes.
- Develops and implements workshops (outside of the classroom) on career services topics.

Assists with job searching

- Reviews students’ resumes and cover letters by request and answers questions via email.
- Sends flyers or information about various public health positions or jobs that can be entered into the CPHSJ job bank.
- Works with GAs assigned to the undergraduate program to provide career services to undergraduate students.

TABLE 4.4.B CAREER SERVICES APPOINTMENT NUMBERS FOR PUBLIC HEALTH STUDENTS

| | |
|--|----------------------------------|
| From August 26, 2013 to June 10, 2014 | |
| BSPH | 57 students and 106 appointments |
| MPH (and MSPH and PhD) | 27 students and 44 appointments |
| August 25, 2014- June 10, 2015 | |
| BSPH | 60 students and 126 appointments |
| MPH (and MSPH) | 62 students and 109 appointments |
| PhD PHS | 1 student and 1 appointment |

In addition to the three career development specialists who support this College (one for graduate PH students, one for undergraduate PH students, and one for criminal justice and social work), our practice experience, internship, and undergraduate coordinators provide career services to the best of their ability and continue to coordinate those services (see below). Although University career services has been helpful, we recognize that the College needs its own staff devoted to these activities. The newly-formed OPHP has three staff members, one of whom will be devoted to career services and will work collaboratively with University career services. The ADPHP met with career services and determined OPHP staff will meet regularly with two College-devoted career development specialists in order to increase collaboration and support between the two offices.

MPH CAREER COUNSELING (PROVIDED BY MPH PEC)

The following describes career planning activities and job assistance provided to MPH students.

Career development classes are taught to all first semester MPH students in the Public Health Rounds class (PUBH5900).

TOPICS:

- **Introduction to the MPH Internship** – Introduce the internship in the MPH program and the role of the practical experience in public health education. Discuss the difference between undergraduate internships and professional internships.
- **Networking and Professional Development** – Introduce concepts of beginning a professional career, how the internship relates to professional development, and how to build or enhance a professional network.
- **MPH Internship Planning and Tools** – Introduce the importance of professionalism in the internship. Discuss typical responsibilities, schedules and expectations of interns. Demonstrate essential tools for the internship search, including resources for finding internships, how to contact potential preceptors, resumes, cover letters and interviews.

Additional sessions during the Public Health Rounds class include:

- **Alumni Panel** – Beginning Your Careers as Professionals
- **Preceptor Panel** – Skill Sets for Internships

Also offered:

- Individual consultations with students and alumni, as requested
- Individual resume and cover letter review
- [Online Job Bank](#) on the CPHSJ web site. Job Bank lists approximately 35-40 jobs each month that are focused on local entry-level employment in public health and social work.
- Maintaining online listings of national fellowships and internships to which students can apply.

PHD PHS PROGRAM CAREER COUNSELING (PROVIDED BY CO-DIRECTORS AND MENTORS)

The doctoral program provides students with a variety of opportunities to discuss career options. Some examples are provided below:

Mentoring relationships – Each student is required to enter the program with a mentor. The mentor provides the student with on-going exposure to a variety of career options within their field. This is done through introductions to others working in the field, networking, and collaborative projects and research.

Professional development course – All PHS doctoral students are required to enroll in the professional development course three times, for one credit each time, over the course of their doctoral career. The course was restructured for the 2015-16 academic year to promote common themes in professional development and to ensure that students are exposed to topics and activities for success in their professional careers that are not taught in the traditional curriculum. The course is now structured around three major themes: writing and publishing, soft skills, and innovative methodologies in public health. Students may also elect to use a semester to focus on gaining teaching skills by participating in the University's CTTL and obtain a teaching certificate. This change will be enacted in the fall 2015 semester.

Levy Lecture – Mary Gumble Levy was a doctoral student in the program who passed away prior to completing her degree. This lecture was developed to honor her commitment to doctoral education and learning. The PHS doctoral students work collectively to identify a speaker for the

annual Levy Lecture. In doing so, they are encouraged to find speakers who will spend time with them reflecting on their experiences as they started out, and providing advice for doctoral students as they move forward in their careers. Some of the past Levy lectures are listed in ERF 4.4 Advising and Career Counseling > Levy Lecture.

UNDERGRADUATE PROGRAM CAREER COUNSELING

There are multiple career counseling opportunities for undergraduate students. Some opportunities are required for program participation and others are offered as an optional service to students. Students utilize services provided by both the CPHSJ, and by SLU's career services office (described above), which serves the University at large.

- **Faculty mentoring (mandatory)** – Each semester students meet with a faculty mentor in their field of study to discuss their career goals and how their post-graduation plans are changing or taking shape.
- **Career Spotlight and the Professional Development Series (optional)** – The CPHSJ organizes the Professional Development Series, a series of lectures, events and workshops geared specifically toward the undergraduate majors in the College. Examples include panel discussions, speed networking, resume writing, and job search techniques specific to their field. Career Spotlight, the signature event in the series, is an annual panel of local professionals in health management, public health, and emergency management fields.
- **Newsletters & websites (optional)** – The CPHSJ produces a weekly e-newsletter for undergraduate students that includes listings for job, internship, and fellowships and is sent to undergraduate PH, HM, EM and BST students. All active listings are posted on a website students can access from their college email account.

4.4.c. Information about student satisfaction with advising and career counseling services.

ADVISING SERVICES

Newly-admitted graduate students are notified in their admission offer that they have a staff advisor to assist with registration as they follow their prescribed curriculum plans. In the same letter they learn who will serve as their faculty advisor/mentor. Faculty are assigned based on the student's degree pursuit and concentration and are oriented to their advising responsibilities through the faculty manual (ERF 1.5 Governance > Governance Documents > PH Faculty Manual). At the graduate student orientation students have the opportunity to meet with both their faculty and staff advisor. Student, staff advisor, and faculty advisor roles and responsibilities are detailed on pages 10-11 of the CPHSJ Graduate PH Student Handbook (ERF 1.5).

Each fall, the new MPH, MSPH, MHA, MSBSDP and PhD PHS students are surveyed (ERF 4.4 Advising and Career Counseling > New Student Survey) to determine their reasons for choosing the SLU CPHSJ and their general satisfaction with: 1) the program to date, 2) the application process, 3) admissions and early academic experiences, e.g., orientation, advising, and 4) their integration into the College and barriers to doing so. Table 4.4.1 below indicates students' responses to their early academic experience with advising, when asked to rate the degree to which their advising session was helpful.

TABLE 4.4.1 MPH, MSPH, MHA, MSBSDP AND PHD PHS STUDENT SATISFACTION WITH ADVISING

| <i>Meeting with advisor was...</i> | Fall 2013 (n=25) | Fall 2014 (n=48) | Fall 2015 (n=49) |
|------------------------------------|---------------------|---------------------|---------------------|
| Extremely helpful | 48% | 62.5% | 63% |
| Somewhat helpful | 48% | 31% | 33% |
| Not helpful at all | 4% | 6% | 4% |

The data indicate that students have been increasingly satisfied with advising. Over the last ten years, the director of student services has served as the informal staff advisor, i.e., the go-to person to get scheduled only if there were problems with scheduling. Over the last three years, we have made the role of graduate staff advisor more explicit, and students usually meet with the advisor to review their academic progress and schedule courses.

After reviewing best practices in academic advising, in early 2015 graduate education instituted mandatory faculty advisor annual review meetings. CPHSJ faculty advisors are now required to indicate in the University's Banner system that the meeting took place. This process improvement allows us to track advising meetings, and also provides an opportunity for advising meeting notes to be entered into the Banner system.

Table 4.4.2 below indicates satisfaction with advising among undergraduate students. It is noted that these seniors only had one year of advising within CPHSJ; prior to that, academic advising was done outside the College through the larger University advising structure.

TABLE 4.4.2 BSPH, BSHM AND BSEM STUDENT SATISFACTION WITH ADVISING

| | May 2014 | | May 2015 | |
|--|-----------------------------------|---------------------|-----------------------------------|---------------------|
| | BSPH, BSHM, and BSEM (n=30) | BSPH Only (n=20) | BSPH, BSHM, and BSEM (n=42) | BSPH Only (n=20) |
| Satisfaction with academic advising | | | | |
| Very Satisfied/Satisfied | 61% | 59% | 79% | 80% |
| Dissatisfied/Very Dissatisfied | 9% | 14% | 7% | 10% |

CAREER SERVICES

In the Fall 2013-Spring 2014 academic year, SLU career services surveyed each student who met with a University career development specialist for career counseling (choosing or changing a major, writing effective resumes, cover letters, and other job search documents, creating a job or internship search strategy, practicing good interview skills, and/or answering questions related to graduate school). In this short assessment, each student answered two questions: 1) What did they learn as a result of the appointment? 2) How did they feel (in one word) as a result of the appointment?

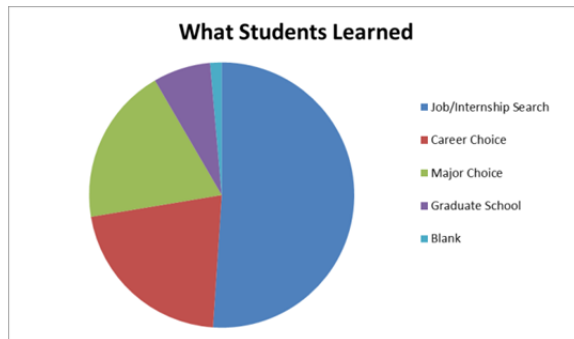


FIGURE 4.4.C.1

The responses to the question “what did you learn” were coded into one of the following areas: Job/Internship Search, Career Choice, Major Choice, Graduate School, and Blank. The most frequently indicated information they learned was how to search for a job or internship. (Figure 4.4.C.1)

For the question about how students feel, 93% reported a positive feeling word upon leaving the appointment. The most common word chosen by students was: confident. Other positive words included: relieved, prepared, better, optimistic, hopeful, encouraged, and excited. (Figure 4.4.C.2)

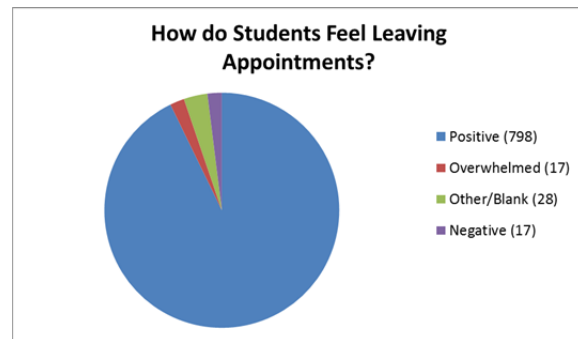


FIGURE 4.4.C.2

Examples of feedback from students in the PH majors given directly to the career development specialist included:

- *“I personally want to thank you for the time we spent working together on resumes and cover letters. Before this process began, I was completely in the dark regarding the standard I should set and how prepared I should be when undertaking the search for a job. I am definitely much more aware after this experience. Thank you so much for all of your help! P.S. I got a job!”*
- *“I feel so appreciative for your big help on my document preparation, which means a lot to me.”*
- *“I just wanted to give you a huge thank you for all your help these last few weeks. I had my second interview for the health educator position and they offered me the job. I will be starting as early as April 14. Thank you for all your guidance to help me be prepared and confident for my interviews. I know it made a difference.”*

- *"I appreciate our discussion last week regarding my career development. Our conversation sparked some new ideas for how to continue to network and grow professionally. Thank you for your encouragement and your time."*
- *"This past Tuesday, I was offered a full-time position with the Arkansas Department of Health, I start in two week. .I'll have my hands full for the first month or two until they hire someone else, but I'll be putting my master's degree to good use. Thank you for helping me out with everything. I have sincerely appreciated all your advice and guidance these past few months."*

4.4.d. Description of the procedures by which students may communicate their concerns to school officials, including information about how these procedures are publicized and about the aggregate number of complaints and/or student grievances submitted for each of the last three years.

All students have the opportunity to voice complaints to the College administration, faculty and staff. In reality, most student discuss issues with the director of student services, who will share the anonymous concern with the ADAA who in turn, determines what action, if any, needs to occur, given University and College policies.

The CPHSJ has a grievance policy for graduate and undergraduate PH students. Both policies can be found in ERF 4.4 Advising and Career Counseling > Grievances and Complaints. Both the graduate and undergraduate student grievance/appeal policies were reviewed and amended during the 2014-15 academic year as a way to create as much consistency across programs as possible. Appeal decisions are communicated in writing to the student, the student's advisor/mentor and the University registrar.

Over the last three years, the primary student concerns/grievances were related to student dismissals. We have had to dismiss two graduate students (one MPH and one MHA) for unprofessional behavior and both grieved their dismissal. Both dismissals were appealed to the dean and then to the associate vice president for graduate education. In both cases the dean upheld the dismissals and the associate vice president for graduate education found that the CPHSJ followed the processes outlined in the graduate student handbook. One student hired legal counsel to gain reinstatement to the College and is still in process.

Six undergraduates who were dismissed from their major (EM/HM/PH) and/or University because of poor academic performance filed appeals. Four students appealed program dismissal, and all were granted additional time to raise their GPAs. One student was not successful; this student transferred to another program at SLU and later withdrew from the University. Two students appealed University dismissal. One of these was granted additional time and raised his GPA to stay at the University; this student continued to raise his GPA to BSEM minimum requirements, re-applied to the major, and was re-accepted. The second student who appealed University dismissal was allowed to remain at SLU but was transferred into "Major Exploration."

In addition, we have had three student affirmative action complaints. Two complaints were addressed by the OIED and required only a consultation with an OIED officer. One other complaint was handled internally and found to be a misunderstanding between the faculty and a student about race-related issues.

4.4.e. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

STRENGTHS:

- The University provides career services to the students in the CPHSJ.
- The CPHSJ offers career services through its graduate and undergraduate coordinators.
- There are adequate mechanisms for students to report concerns and grieve issues.

WEAKNESSES:

- Career services at the University level are not always specific to the needs of our students.
- CPHSJ coordinators have primarily provided career services at the CPHSJ but this has not been a priority for them, given other duties.

PLANS:

- The OPHP will be responsible for expanding the career services offered by the CPHSJ. It will be fully staffed by the start of the 2015-16 academic year.